Form **990**

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)

20**04**

Open to Public Inspection

Department of the Treasur

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

			nue Service		The organization m			of this retu						Inspection	
	A	For th	ne 2004 c <u>al</u>	endar	year, or tax year	beginning ·	July 1		, 2004	, and en	_{ding} June 3	0		, 20 05	
	В	Check if		Please		1 1 2 1 1				11	D	Emplo	yer identi	ification number	
		Address		use IRS label or	_ իսկարդվու							59 <u>:</u> 0	951529	J	
		Name c		print or type.	26370	****	***AUTO	*3-D1G1	T 324		E	Teleph	one num	ber	
		Inmal re	eturn	See	ST ANDREW E		R INC			P142	I R —	(850) 265-2	951	
	_	Final ret	S	Specific nstruc-	LYNN HAVEN		4-6120			B 12		Accounti	ng method:	Cash Accru	ual
	\equiv			tions.							•	☐ ot	ther (speci	ıfy) ▶	
			ion pending	◆ Se							ap	plicable	e to section	on 527 organizations	
		фриоди	ion ponemy	trus	sts must attach a co	mpleted Sch	edule A (For	m 990 or 9	90-EZ).	H(a) is this a grou	ıp retur	n for affilia	ates? 🗌 Yes 🔽	No
	G	Website	e: ▶							1 -	•			ates ▶	
								1) Are all affiliat			∐ Yes ∐ I	No
	<u>J</u>	Organi	zation type (check o	nly one) 🕨 🗹 501	(c) (⊃) ∢ (insert no) L	J 4947(a)(1)	or L		(If "No," atta			•	
					organization's gross r					ille .) Is this a sepai	ate retui	rn filed by a	an ruling? ☐ Yes 🗹 l	No
					return with the IRS, b turn without financial					age				101111g/	
			an, it directed											nization is not requir	med
	L	Gross	receipts. Ad	dd line	s 6b, 8b, 9b, and 1	10b to line 1	2 ▶	140294	46	"				, 990-EZ, or 990-PF	
	Pa	art I	Revenu	je. Ex	penses, and C	hanges in	n Net Ass	ets or F	und B	alances					<u> </u>
		1			gifts, grants, and						- (<u></u>				_
		1			upport				1a		29979				
		1	Indirect pa						1b						
			•		• •				1c		11395	, :	:		
	· .				ontributions (gran 1a through 1c) (c					1	485)	1d		413	74
	•									•	, .	2		12144	
		2			revenue includin				ts (from	Part VII	, line 93)	3		(2)77	
		3			ues and assessm							4		178	82
		4			ings and tempor		ivestments				•	5			-
		5			interest from sec	cumies .						3			
		6a	Gross ren						6a			ı t			
		b							OD				1		
		I _			me or (loss) (sub		b from line	e 6a) .				6c			
	9	7			nt income (desc		(A) Sec	urities		(B) Oth	<i>)</i>				—
	Revenue	8a			from sales of as:	sets other	(14) 000	dilucs	0-	(6) (1)			İ		
	æ		than inve	-					8a 8b				i		
		1			er basis and sales	expenses									
		l .	-		attach schedule)				8c				İ		
			_		s) (combine line &						:	8d	-		
		9			nd activities (attach	schedule)	f any amour	nt is from o	gaming,	check he	re ▶ ⊔				
		а			(not including \$			of	1 0 - 1		41851				
					ported on line 1	•			9a		71031		ĺ		
99		1			penses other tha				9b			.	İ	418	51
2006					(loss) from speci					∂a) .		9c		710.	
ಯ					inventory, less re	eturns and	allowance	s.	10a			'			
13		b		_	oods sold				10b			40-			
6					oss) from sales of		ttach sched	ule) (subtra	act line 1	10b from	line 10a).	10c		4024	
FEB		11	Other rev	enue	(from Part VII, lin	ie 103) .	ا بن نین	oD		ハト		11		1034	
-4-		12			add lines 1d, 2, 3			uc, and		1.V L.U		12		14029	
$\boldsymbol{\mathcal{L}}$	ø	13	-		es (from line 44,			<u>r.</u> · ·		•	$ \omega $.	13		12531	
Ш	28	14	_		nd general (from		olumn (C))	₩. 18	1N 3	1 2000	5 Y ·	14		1432	
<u>Z</u>	Expenses	15			om line 44, colun		. }	~ .~∵	.,, .		· 92 ·	15	 	238	04
SCANNED	Ú	16			filiates (attach so				7 F	NI 11		16		14202	54
3		17			s (add lines 16 a			_	عالاف	N, U	<u> </u>	17			_
Ĭ	Assets	18			cit) for the year (18		1730	_
-	Ass	19			und balances at					mn (A)) .		19		7946	47
	Net	20			in net assets or							20		8119	EF
	~	21	net assets	s or tu	ind balances at ei	norotyear (combine lir	æs 18, 19	, and 2	υ) .		21	1	0119	J

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

Cat No 11282Y

Pai	t llb	Statement of Functional Expenses				nns (B), (C), and (D) are re s but optional for others (
	Do I	not include amounts rep 6b, 8b, 9b, 10b, or 16 c			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22		its and allocations (attac						, -
		\$ noncash	•	22			v ==*	
23	•	fic assistance to individuals	•	23				
24		fits paid to or for members	•	24 25				<u> </u>
25		pensation of officers, dir	ectors, etc	26	775002	701499	62478	11025
26 27		r salaries and wages .		27	775002	101433	02476	11023
27 20		sion plan contributions		28	72998	65086	6725	1187
28 29		r employee benefits . olf taxes		29	65280		2040	360
29 30	-	essional fundraising fees		30				
31				31	9840)	9840	
32		Il fees		32				
33	_	olies		33	48684	39215	1359	8110
34		phone		34	11154		3941	
35		age and shipping		35	1604	616	988	
36		upancy		36	24862	17546	7316	
37		pment rental and mainte		37	3253	2696	557	
38		ing and publications		38				
39		el		39				
40		erences, conventions, ar		40				
41		est	•	41	29052	28490	562	
42		eciation, depletion, etc. (42	57412	52402	5010	
43		expenses not covered above (r		43a				
b		-Machael		43b	321113	275501	42430	3182
С			**	43c				
d				43d				
е 44		unctional expenses (add lines 22 thro		43e		<u> </u>		
14		eting columns (B)-(D), carry these		44	1420254	1253144	143246	23864
		ts. Check ► ☐ if you at costs from a combined ea			ndraisina solicitati	on reported in (B) Pro	ogram services? .	► ☐ Yes 🔽 No
		ter (i) the aggregate amour						
		ount allocated to Managem						
Pai	t III	Statement of Progra	am Service Acc	omplis	shments (See	page 25 of the ir	structions.)	
		e organization's primary						Program Service
All o	rganıza ients s	ations must describe their served, publications issued ns and 4947(a)(1) nonexem	exempt purpose a d, etc. Discuss act	chieven neveme	nents in a clear a nts that are not	ind concise manner. measurable (Section	State the number n 501(c)(3) and (4)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
а	Provi	des supports & service	s for individuals	with di	sabilities.			01.0.0 /
		•••						
	· 			Grants a	and allocations	\$		1253144
b			`				,	
_					• • • • • • • • • • • • • • • • • • • •			
		·····			• ••••••••••			
			(0	Grants	and allocations	\$)	
c			<u></u>					
_								
_			(0	Grants	and allocations	\$)	
ď.								

_			((Grants a	and allocations	\$)	
-		program services (attach	`		and allocations	\$.)	
f 1	otal o	of Program Service Exp	enses (should ea	ual line	44 column (R)	Program services)	▶ _	1253144

ì,

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

-	Note:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within t	he description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			294054	45	253378
	46	Savings and temporary cash investments .				46	
	l		1 1	405704			
	ı	Accounts receivable	47a 47b	185794	124252		104204
	b	Less allowance for doubtful accounts	4/0	1400	134253	4/C	184394
	482	Pledges receivable	48a				
		Less: allowance for doubtful accounts .	89041	48c	101768		
	49	Grants receivable				49	
	50	Receivables from officers, directors, truste		f .			
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach	1 - 1				
ets		schedule)	51a				
Assets	i	Less allowance for doubtful accounts	51b			51c	
_	52	Inventories for sale or use			4104	52 53	8547
	53 54	Prepaid expenses and deferred charges . Investments—securities (attach schedule) .	•	Cost C FMV	4104	54	0347
				COSL FIMIV [
	35a	equipment: basis	55a			`.	
	ь	Less accumulated depreciation (attach					
	_	schedule)	55b			55c	
	56	investments-other (attach schedule)				56	
	57a	Land, buildings, and equipment. basis .	57a	1173090			
	b	Less: accumulated depreciation (attach		457070	760076		745040
	58	schedule)	57b	457878	769976	5/C	715212
	36	Other assets (describe ▶		···	· · · · · · · · · · · · · · · · · · ·	36	
	59	Total assets (add lines 45 through 58) (must	t equal	line 74)	1291428	59	1263299
	60	Accounts payable and accrued expenses .			95990	60	77408
	61	Grants payable				61	
	62	Deferred revenue			18326	62	15625
Liabilities	63	Loans from officers, directors, trustees, and				*-	
Ē		schedule)				63	
Lia		Tax-exempt bond liabilities (attach schedule)			382465	64a	358311
	65	Mortgages and other notes payable (attach some other liabilities (describe ▶	schedu	le) .	302403	65	338311
	•	Other habilities (describe >		·'	· · · · · · · · · · · · · · · · · · ·	00	
	66	Total liabilities (add lines 60 through 65) .			496781	66	451344
	Orga	inizations that follow SFAS 117, check here ▶	- □ a	nd complete lines			
တ္က	_	67 through 69 and lines 73 and 74.		.			
ည	67	Unrestricted				67	
ala	68	Temporarily restricted			91541	68	104268
E	69	Permanently restricted		<u> </u>	703106	69	707687
Fund Balances	Orga	inizations that do not follow SFAS 117, check complete lines 70 through 74.	here I	► Liand			
or	70	Capital stock, trust principal, or current fund	e			70	
	71	Paid-in or capital surplus, or land, building, a		uipment fund		71	
SSe	72	Retained earnings, endowment, accumulated				72	
Net Assets	73	Total net assets or fund balances (add line					
Se		70 through 72,			704047		0446
		column (A) must equal line 19; column (B) m		·	794647	73	811955
	74	Total liabilities and net assets / fund balance	es (ad	d lines 66 and 73)	1291428	74	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.

T GI	CIVA	Financial Statements with Return (See page 27 of the	h Řev	venue	per	Fait	F	reconciliation d inancial Staten return			
a	per audite	nue, gains, and other support d financial statements . included on line a but not on	a	Tark.	work 7	a	audited fir	penses and lo nancial statemen	ts . ▶	a	े पूर्व
	line 12, Fo	orm 990:				b		, Form 990 [.]	a but not		new
(1)	Net unreal on investm		"			(1)	Donated and use of				
		services of facilities \$		and the		(2)	Prior year ac reported or	ine 20,			
	Recoverie	ts <u>\$</u>	- -	- 1 要 - 4 (*) 1、 つま		(3)	Form 990. Losses rep	orted on		1	70
(4)		·····	-	d della	, ,	(4)	line 20, For Other (spe				~ 선수 - 개의 최 - 현기호
	Add amou	nts on lines (1) through (4) ▶	b	· 'l	- : 			<u>\$</u>			10 to 10 to
c d	Line a mir	nus line b	С	, la		c d	Line a min	nts on lines (1) things line b	•	b C	Name of Art of the
	Form 990	but not on line a:			, ,,,		Form 990	but not on line a), " , " , " , " , " , " , " , " , " , "
(1)	not include 6b, Form 9	ed on line			[] APA [] []	(1)	Investment not include 6b, Form 99	d on line			;
(2)	Other (spe	ecify). 			1	(2)	Other (spe	ecify):			•
				4	-			\$			
e	Total reve	unts on lines (1) and (2) nue per line 12, Form 990 s line d).	e	 -	<u> </u>	e	Total expe	ints on lines (1) a nses per line 17, s line d)	Form 990	d e	<u> </u>
Par	t V Lis	t of Officers, Directors, Tr instructions.)	uste	es, an	d Key I	Emplo					, see page 27 o
		(A) Name and address			(B) Title a	ind avera devoted	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions employee benefit pl deferred compens	ans&	(E) Expense account and other allowances
Sche	edule attac	ched			Part-Tir	ne		-0-		-0-	-0-
	······································										
	•		<u></u>								
			••								
										-	
		······			_						
75	organizatioi	icer, director, trustee, or key em n and all related organizations, o ttach schedule—see page 28	f whic	ch more	than \$10	0,000 w	mpensation o as provided	of more than \$100 by the related orga	,000 from you anızatıons? "I	ır ▶ [☐ Yes ☑ No

Form	990 (2004)		F	Page 5
Par	t VI Other Information (See page 28 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.	76		1
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		✓
	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?	78a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		<u> </u>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	1, 4		
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		✓
b	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt or nonexempt.		-	
81a	Enter direct and indirect political expenditures. See line 81 instructions	-		İ
b	Did the organization file Form 1120-POL for this year?	81b		<u> </u>
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		1	
	or at substantially less than fair rental value?	82a		
b	If "Yes," you may indicate the value of these items here. Do not include this amount	٠,	٠,	
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	046		• ′
	or gifts were not tax deductible?	84b 85a		┼──
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85b		\vdash
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	030		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	- ,		١,
	received a waiver for proxy tax owed for the prior year. Dues assessments and similar amounts from members 85c	1.		
	buds, assessments, and sittles amounts from members.	┤′		'
	oection 102(e) lobbying and pointed experiences,	↑		
_	Aggregate Horideductible amount of section 0005(e)(1)(n) dues horices	-		'
f	taxable affective of toppying and political experiences (into odd less coop)	85g		1 "
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax			
	year?	85h		,
86	501(c)(7) orgs. Enter. a Initiation fees and capital contributions included on line 12.	-		2.1
	Gross receipts, included on line 12, for public use of club facilities	7		11
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
b.	Gross income from other sources. (Do not net amounts due or paid to other		,	
	sources against amounts due or received from them.)	-		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	7	1	
00	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		✓
89a	501(c)(3) organizations. Enter, Amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			✓
	a statement explaining each transaction	89b	L	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed ▶ Florida			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		ff 40	
91	The books are in care of ▶ St. Andrew Bay Center, Inc Telephone no ▶ (850)		57	
	Localed at Page 1971	2444		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here.		•	▶ ∟
	and enter the amount of tax-exempt interest received or accrued during the tax year 92			

Part	Analysis of Income-Producing Ac	tivities (See pa	age 33 of the	instructions.)	
	Enter gross amounts unless otherwise		Isiness income	+	tion 512, 513, or 514	(E) Related or
ındica 93		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
es a	Program service revenue: Private Client			-		18589
	CRF Contract	·		<u> </u>		118612
	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				. <u> </u>	1782
96	Dividends and interest from securities .				· -	
97	Net rental income or (loss) from real estate:			<u> </u>		
	debt-financed property			 		
	not debt-financed property					
	Net rental income or (loss) from personal property		<u>-</u>		<u> </u>	
	Other investment income					
	Gain or (loss) from sales of assets other than inventory			+		41851
	Net income or (loss) from special events			 		41031
	Gross profit or (loss) from sales of inventory Other revenue: a Miscellaneous			 		4530
	Government Contributions					11395
	Public Contributions			<u> </u>	_	87533
d		-		 		0.000
e		-				
	Subtotal (add columns (B), (D), and (E))	, ,,				1361572
	Total (add line 104, columns (B), (D), and (E))				>	1361572
Note: I	Line 105 plus line 1d, Part I, should equal the	amount on line 1	2, Part I			
Part '	VIII Relationship of Activities to the Acco	omplishment of	Exempt Purp	oses (See pa	ge 34 of the ins	structions.)
Line I					portantly to the a	ccomplishment
	of the organization's exempt purposes (other			purposes)		
	Provides supports & services for indivi	duals with disal	oilities.			
						 -
Part	Information Regarding Taxable Subsid	diarios and Dior	agarded Entiti	20 /500 2000	24 of the instru	otions \
rait	(A)	(B)				
	Name, address, and EIN of corporation,	Percentage of	(C) Nature of a		(D) Total income	(E) End-of-year
	partnership, or disregarded entity ow	nership interest				assets
		%				
		%				
		%				
Part	X Information Regarding Transfers Associ	ated with Perso	nal Benefit Con	tracts (See pa	age 34 of the ins	tructions.)
(a)	Did the organization, during the year, receive any funds, dire	ectly or indirectly, to	pay premiums on a	personal benefit	contract?	☐ Yes ☑ No
	Did the organization, during the year, pay prem					☐ Yes 🔽 No
_Note	e: If "Yes" to (b), file Form 8870 and Form 472	20 (see instruction	ns).			
	Under penalties of perjury, I declare that I have examine and Aelief, it is true, correct, and complete. Declaration	ed this return, including	ng accompanying so	chedules and state	ements, and to the b	est of my knowledge
Please		n or preparer (other t	nan onicer) is based	on an imormatic	on of which preparer	nas any knowledge
Sign	ACO MILLOCACI				12006	
Here	\$ignature of officer			D	ate	
	Jan Pearce, Executive Director					
	Type or print name and title	-	The:-	Chack of	l p	STIN 60 C
Paid	Preparer's signature	1-1	Date	Check if self-	_1 '	PTIN (See Gen Inst W 900344
Preparei	Firm's name (or yours & Amanda P Nichola	Staff Accounts	<u>119/98/02</u>		419	
Use Only	if self-employed), address, and ZIP + 4			EIN Phone	no ► (850) 26	5-2951
	1 addition, and Ell T T /					

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

Department of the Treasury Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number

St. Andrew Bay Center, Inc.			59 0951529				
Compensation of the Five High (See page 1 of the instructions. L	ther Than Officers, Directors, and Trustees e 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			ا ما الله الله الله الله الله الله الله				
Part II Compensation of the Five High (See page 2 of the instructions. Lis	est Paid Independent (it each one (whether indiv	Contractors for	Professional Se	ervices enter "None.")			
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation			
NONE							
							
otal number of others receiving over \$50,000 for professional services.		,		, , ,			

2a		Yes	No
2b			
2b	4		✓
2b			
2b	ر د		1134
2c	2a	ļ	√ _
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al's name, city,	n 170	0(b)(1)	(A)(IV).

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)		✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		1
Ь	Lending of money or other extension of credit?		✓
С	Furnishing of goods, services, or facilities?	:	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		1
е	Transfer of any part of its income or assets?		1
3a	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.)		1
ь	Do you have a section 403(b) annuity plan for your employees?	4	✓
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice		1
	on the use or distribution of funds?		<u> </u>
<u>_b</u>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b		
5 6 7 8 9 10 11a 11b 12	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's and state ▶ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 1 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general put 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33%% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more the its support from gross investment income and unrelated business taxable income (less section 511 tax) from busines by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	70(b)(1) sblic. S s, and an 33) ses ac	ection
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 50 section 509(a)(3).)	organiz	
	Provide the following information about the supported organizations. (See page 5 of the instructions.)		
	(a) Name(s) of supported organization(s) (b) Line num from abo		

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

Schedule A (Form 990 or 990-EZ) 2004

Par Note	t IV-A Support Schedule (Complete of You may use the worksheet in the instruction	only if you checked ons for converting fr	a box on line 10	o, 11, or 12.) Use c ate the cash method	of accounting	of accounting.
	ndar year (or fiscal year beginning in)		(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do					
	not include unusual grants. See line 28.)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise			1	· · · · · · · · · · · · · · · · · · ·	
	sold or services performed, or furnishing of facilities in any activity that is related to the		1	1		
	organization's charitable, etc., purpose	'				
18	Gross income from interest, dividends,			 	-	_
	amounts received from payments on securities					•
	loans (section 512(a)(5)), rents, royalties, and	1				1
	unrelated business taxable income (less section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975					}
19	Net income from unrelated business			+		
	activities not included in line 18					
	······································		-	 		
20	Tax revenues levied for the organization's benefit and either paid to it or expended on					
	its behalf.	<u>'</u>		1		
21	The value of services or facilities furnished to			1		
	the organization by a governmental unit	:		1		
	without charge. Do not include the value of	;				
	services or facilities generally furnished to the public without charge	'		1		
				 		
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22		 	+		+
24	Line 23 minus line 17			 		
25	Line 23 minus line 17			 		
	Enter 1% of line 23		L	<u> </u>		1 1 1 1
26	Organizations described on lines 10 or 11	: a Enter 2% of	amount in colum	nn (e), line 24 . .	▶ 26	
ь	Prepare a list for your records to show the r					
	governmental unit or publicly supported orga	anization) whose tota	algifts for 2000 t	hrough 2003 exceed	ded the	···
	amount shown in line 26a. Do not file this list					
	Total support for section 509(a)(1) test: Ente				▶ 26	
đ	Add: Amounts from column (e) for lines: 1					
	Public support (line 26c minus line 26d total)			▶ 26	
	Public support percentage (line 26e (num					
27	Organizations described on line 12 a	For amounts include	ded in lines 15,	16, and 17 that we	re received fr	om a "disqualified
	person," prepare a list for your records to she Do not file this list with your return. Enter				from, each "d	squalified person."
				•		
	(2003) (2002)					
b	For any amount included in line 17 that was re-	ceived from each per	son (other than "	disqualified persons"), prepare a lis	t for your records to
	show the name of, and amount received for ea (Include in the list organizations described in lin	ch year, that was mo	re than the large	r of (1) the amount of	n line 25 for th	e year or (2) \$5,000.
	the difference between the amount received a	nd the larger amoun	t described in (1)	or (2), enter the sur	with your reting the second of these diff	im. After computing erences (the excess
	amounts) for each year					,
	(2003) (2002)		. (2001)		(2000)	
C	Add: Amounts from column (e) for lines: 1:					
	17 2	0	21		> 270	<u> </u>
d	Add: Line 27a total,					1
e	Public support (line 27c total minus line 27d					
f	Total support for section 509(a)(2) test: Ente					
g	Public support percentage (line 27e (num	erator) divided by I	ine 27f (denomi	inator))	. ▶ 279	9 %
<u>h</u>	Investment income percentage (line 18, c				or)). ▶ 271	
28	Unusual Grants: For an organization descr	bed in line 10, 11.	or 12 that recen	ved any unusual on	ants during 2	000 through 2003.
	prepare a list for your records to show, for	each year, the nam	e of the contribu	tor, the date and a	mount of the	grant, and a brief
	description of the nature of the grant. Do no	ot tile this list with	your return. Do	not include these of	jrants in line 1	5.

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)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes ✓	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	/	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?	31	2 2 2 3	A
		1 m		
		- 1		
32	Does the organization maintain the following:	19/3	100	1
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	✓	
Þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	N	A
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	M	A
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	✓	dares
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		7.2		C.
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		1
b	Admissions policies?	33Ь		√
С	Employment of faculty or administrative staff?	33c		✓
d	Scholarships or other financial assistance?	33d	N	A
e	Educational policies?	33e		√
f	Use of facilities?	33f		√
g	Athletic programs?	33g	Н	۴
h	Other extracurricular activities?	33h		✓
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		1	(2.1.	ا ا ^{دا} مستعمد
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	✓	
ь	Has the organization's right to such aid ever been revoked or suspended?	34b		✓
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		,	
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	35	√	2 0004

Check ▶ a ☐ if the organization Lir (The term "e 36 Total lobbying expenditures a 37 Total lobbying expenditures a 38 Total lobbying expenditures a 39 Other exempt purpose expenditures a 40 Total exempt purpose expenditures a 41 Lobbying nontaxable amount 41 If the amount on line 40 is Not over \$500,000 Over \$500,000 but not over \$1,0 Over \$1,000,000 but not over \$1 Over \$1,500,000 but not over \$1 Over \$17,000,000 42 Grassroots nontaxable amount 43 Subtract line 42 from line 36. 44 Subtract line 41 from line 38. Caution: If there is an amount (Some organizations to	to influence a legis (add lines 36 and 3 enditures nditures (add lines 3 nt. Enter the amoun The k 20% (000,000 \$100,0 1,500,000 \$175,0 17,000,000 \$225,0 \$1,000 unt (enter 25% of li 6. Enter -0- if line 43 4-Year Ave that made a section e the instructions fo	ing Expenditure ans amounts paid copinion (grassrouslative body (direction) and and any amounts paid copinion (grassrouslative body (direction) and any amounts and any amount or any amount or any amount or any amount of the amount or any amount of the amount or any amount of the amount or any amount of the am	res d or incurred.) cots lobbying) cots lobbying). cots lobbyi	you checked "a 3 3 3 3 4 4 600,000 600,000 600,000 4 4 20. on 501(h) complete all of	Affili Affili 6 7 8 9 0	(a) ated group totals	provisions apply. (b) To be completed for ALL electing organizations	
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43 Subtract line 42 from line 36. 44 Subtract line 41 from line 38. Caution: If there is an amount (Some organizations to See Calendar year (or fiscal year beginning in) ▶ 45 Lobbying nontaxable amount	6. Enter -0- if line 4: 8. Enter -0- if line 4: ant on either line 43 4-Year Ave that made a section e the instructions for	42 is more than lift 41 is more than lift 3 or line 44, you in reraging Period on 501(h) election for lines 45 throug Lob	ine 36	20. 4 20. 501(h)	3 4 the five	columns be	NOW.	
44 Subtract line 41 from line 38. Caution: If there is an amount (Some organizations to See Calendar year (or fiscal year beginning in) ▶ 45 Lobbying nontaxable amount	3. Enter -0- if line 4 Int on either line 43 4-Year Ave that made a section e the instructions for	41 is more than III 3 or line 44, you if reraging Period on 501(h) election for lines 45 throug Lob	must file Form 47 d Under Section do not have to company 11	20. 4	the five	columns be	low.	
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fiscal year beginning in) > 45 Lobbying nontaxable amount		(a)	bbylna Expenditu		dons.)	····		
fiscal year beginning in) > 45 Lobbying nontaxable amount		1	Lobbying Expenditures During 4-Year Averagi					
45 Lobbying nontaxable amount		1 0004	(b)	(c)		(d)	(e)	
	nt	2004	2003	2002		2001	Total	
46 Lobbying ceiling amount (150	* • • • • •							
	50% of line 45(e))					新聞の 12 新聞の 12 新聞の 12		
47 Total lobbying expenditures.								
48 Grassroots nontaxable amou	unt							
49 Grassroots ceiling amount (15	50% of line 48(e))		W A			, - ,		
50 Grassroots lobbying expendit	j.	^ **	A 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	iti ires	PRICE	A		1		L	
		Additional Control of the Control of						
	vity by Nonelec	cting Public C	harities	Part VI-A) (Se	e page	11 of the	instructions)	
	vity by Nonelec only by organizat	cting Public C	harities not complete F					
During the year, did the organization	vity by Nonelectonly by organization attempt to influ	cting Public Cations that did	charities not complete F tate or local legis	ation, includin		11 of the	Amount	
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During the year, did the organization attempt to influence public opinion a Volunteers	vity by Nonelectonly by organization attempt to influence a legislative medical compensation	cting Public Cations that diduence national, structurer or referendation in expenses references.	charities not complete F tate or local legisl dum, through the	lation, includinuse of:			Amount	
During the year, did the organization attempt to influence public opinion a Volunteers	vity by Nonelectonly by organization attempt to influence a legislative medical compensation. ators, or the publical reproduced statements for lobbying purpors, their staffs, governinars, conventions,	cting Public Cations that did uence national, st matter or referend uon in expenses re uo	charities not complete for tate or local legislatum, through the reported on lines or the complete for the c	lation, includinuse of:			Amount	
During the year, did the organization	vity by Nonelectonly by organization attempt to influ	cting Public Cations that did	charities not complete F tate or local legis	ation, includin				

Pai	t Vi	Information Organization	n Regarding Tra ons (See page 1	nsfers To and Transaction 1 of the instructions.)	s and Relationships With Nonch	aritable	e Ex	empt
51	Did	the reporting orga	nization directly or	indirectly engage in any of the	following with any other organization of	describe	d in s	ection
				1(c)(3) organizations) or in section				
а			orting organization	to a nonchantable exempt orga	unization of:		Yes	No
						51a(i)		╁
	٠,,	Other assets				a(ii)		
b		er transactions:				m		
				noncharitable exempt organiza		b(i)		┼
				itable exempt organization		b(ii)	-	
	(iii)			nerassets		b(iii) b(iv)		
	(iv)		rrangements			b(v)	-	
	(v)					b(vi)	 	┼──
_	(vi)			ship or fundraising solicitations sts, other assets, or paid emplo		C		
	If th	e answer to any of	the above is "Yes,"	complete the following schedule	. Column (b) should always show the fai	r market	value	of the
	goo	ds, other assets, o	r services given by	, the reporting organization. If t	he organization received less than fair ls, other assets, or services received.	market v	/alue	in any
(a)	(b)		(c)	(d)			
Line	no.	o. Amount involved Name of nonc		chantable exempt organization	Description of transfers, transactions, and s	shanng arr	angen	nents
							_	
							-	-
	des	cribed in section 50 (es," complete the	01(c) of the Code (other than section 501(c)(3)) or i		☐ Yes	3 [No
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationship			
								
_								
				<u> </u>				

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		·	
	321,113	275,501	42,430	3,182

St. Andrew Bay Center, Inc Form 990

59-0951529 For the Year Ended June 30, 2005

Part IV - Balance Sheet Line 64b - Notes Payable

To Whom Payable	Balance at Beginning of Year	Balance at End of Year		
Peoples Bank	4,895	0		
James Finch	377,570	358,311		
	382,465	358,311		

St. Andrew Bay Center, Inc. Form 990

59-0951529 For the Year Ended June 30, 2005

Part V - List of Board of Directors

Diane Stewart President 1022 W. 23rd St. P. O. Box 59950

Panama City, Fl. 32412

Cortez Patrick Treasurer 1335 Grace Ave. Panama City, Fl. 32401

Traci Powell Secretary

2604 Island View Dr. Panama City FL 32405

Bill Gobat Board Member

4439 Vista Lane Lynn Haven, Fl. 32444

Duane Bishop Board Member 2821 Clearview Ave. Panama City FL 32405

Kay Cherry Board Member 6916 Minchew Ct. Panama City, Fl. 32404

Jerry Gross Board Member 6510 Bay Line Drive Panama City, Fl. 32404

Pam Clayton Board Member

3204 Pleasant Hill Road Lynn Haven, Fl. 32444

Sherri Mallory Board Member

1008 Harrison Ave. Panama City, FL. 32401

Robin Atamian Board Member

429 Harrison Ae Panama City, Fl. 32401

Robert Radcliff Board Member

902 Joan Lane

Panama City, Fl. 32404

Sally Stanley Board Member 2300 Coral Drive Lynn Haven, Fl. 32444

David Gentili Board Member 2932 Fairmont Dr. Panama City, Fl. 32405

Susan Tull Board Member 3246 Country Club Drive Lynn Haven, Fl. 32444

Woody Woodard Board Member

2003 Windjammer Lynn Haven, Fl. 32444 FOR THE YEAR ENDED JUNE 30, 2005

60,888 21 34,167 30 780 00 20,565 92 1,400 00 6,780 00 5,546 13 4,000 00 26,833 33 34,444 44 723 44 44 723 48 52 11 510 00 2,715 44 11,795 00 1,007 90 1,437 00 924 00 924 00 924 00 529 86 1,901 00 1,910 40 1,522 47 897 43 258,303 41 *********** BALANCE 06/30/05 RETIREMENTS 000 DEPRECIATION********* 3,500 00 13,333 33 280 00 329 85 21 66 53 20 61 60 235 60 44 16 348 03 1187 00 477 60 445 60 279 60 283 40 19,475 20 2,032 02 ADDITIONS 60,888 21 34,167 30 780 00 20,565 92 1,400 00 5,546 13 4,000 5,546 13 4,43 33 33 21,111 11 2,22 26 510 00 1.199 90 2,715 44 1,795 00 1,007 90 1,437 00 628 33 744 80 862 40 3 298 40 485 70 1,552 97 1,552 97 1,552 97 1,552 97 1,552 97 1,552 97 652 40 238.828 21 *********** BALANCE 07/01/04 60,888 21 34,167 30 780 00 20,565 92 1,400 00 61,322 64 6,780 00 5,546 13 4,000 00 70,000 00 2,800 00 1,649 23 510 00 1,199 90 2,715 44 1,795 00 1,007 90 1,437 00 649 99 798 00 924 00 924 00 3,534 00 529 86 1,901 60 1,020 00 2,388 00 2,388 00 1,398 00 ************ 689,899 43 BALANCE RETIREMENTS 06/30/05 000 *********** ******* ****** FURNITURE, FIXTURES & EQUIPMENT 000 ADDITIONS T802**** ****** REAL PROPERTY 510 00 1,199 90 2,2715 44 1,795 00 1,007 90 1,437 00 649 99 798 00 924 00 924 00 3,534 00 529 86 1,901 60 1,398 00 2,388 00 2,388 00 1,398 00 ************ 60,888 21 34,167 30 780 00 20,565 92 1,400 00 61,322 64 6,780 00 5,546 13 4,000 00 70,000 00 1,649 23 2,800 00 589,899 43 METHOD 07/01/04 BALANCE 333333333333333 ******* LIFE 01 Oct 78 01 Oct 78 01 Oct 79 01 Oct 79 31 Jul 85 01 Mar 85 15 Apr 86 07 Jul 87 01 Mar 92 18 Nov 97 03 Dec 02 12 Dec 02 10 Aug 88 02 May 94 13 Jun 95 19 Jun 97 14 Jan 97 05 May 98 29 Oct 99 03 Nov 99 15 Nov 99 26 Nov 99 28 Jun 00 28 Jun 00 28 Jun 00 28 Jun 00 28 Jun 00 28 Jun 00 28 Jun 00 29 Jun 00 20 Jun ********** PLACED IN SERVICE 2 FEDDERS AIR CONDITIONER SAMSUNG TELEPHONE SYS *********** PORCH/NURSERY WALKWAYS *********** CLASSROOM IMPROVEMENTS FRAME BUILDING CLASSROO AIR CONDITIONER/HEATER 2 MAYTAG DISHWASHERS 2 AIR CONDITIONS COMPUTER DESK/HUTCH VERTICAL BLINDS/AD OFF 3 PRINTERS/2 LAS/1 INK 12 6 FT FOLDING TABLES 2 GATEWAY COMPUTERS 2 GATEWAY COMPUTERS WORK CENTER & FENCE 2 GATEWAY COMPUTERS 2 GATEWAY COMPUTERS TOTAL REAL PROPERTY 3 DELL COMPUTERS ORIGINAL BUILDING **BUILDING ALA AVE** WALKWAY COVER 7 2 WAY RADIOS **BUILDING ADT** WELL SYSTEM GREENHOUSE ICE MACHINE WALLPAPER ICE MAKER BUILDING

Page 2 FOR THE YEAR ENDED JUNE 30, 2005

3,858 08 1,468 37 574 25 1,202 11 659 25 1,556 10 1,529 33 601 25 277 07 1,086 60 0 00 3,150 00 1,683 00 516 00 1,823 40 1,095 64 22,394 41 819 65 130 00 31,482 10 BALANCE 06/30/05 ADDITIONS RETIREMENTS : 00 0 000 ********* DEPRECIATION******* 534 27 293 00 691 60 679 70 277 50 127 88 1,086 60 0 00 1,493 45 607 60 237 62 1,933 33 200 73 8,466 66 2,134 06 2,364 63 860 77 336 63 667 84 366 25 864 50 849 63 323 75 149 19 3,150 00 1,683 00 516 00 1,823 40 1,095 64 20,461 08 618 92 27,630 13 130 00 29,348 04 BALANCE 07/01/04 14,934 46 3,037 98 1,188 10 3,000 00 5,342 70 2,930 00 6,916 00 3,398 50 2,775 00 639 38 5,433 00 2,647 95 3,150 00 1,683 00 516 00 1,823 36 1,095 64 29,000 00 1,003 63 *********** 130 00 77,696 76 38,271 63 BALANCE 06/30/05 ******* FURNITURE, FIXTURES, & EQUIPMENT (CONTINUED) ************ RETIREMENTS 000 000 INDUSTRIAL ARTS EQUIPMENT 000 2,647 95 2,647 95 ADDITIONS *****COST RECREATION EQUIPMENT 3,150 00 1,683 00 516 00 1,823 36 1,095 64 29,000 00 1,003 63 14,934 46 3,037 98 1,188 10 3,000 00 5,342 70 5,342 70 6,2916 00 3,398 50 2,775 80 639 38 *********** 75,048 81 38,271 63 130 00 BALANCE METHOD 07/01/04 ******* ******* ******* ******* 3 2 2 2 2 3 3333333 222 S 15 00 15 00 15 00 15 00 15 00 15 00 5 00 10 00 5 00 5 00 5 00 LIFE 1 Dec 02 23 Jan 03 23 Jan 03 8 Feb 03 1 Apr 03 1 Apr 03 14 Apr 03 22 Apr 03 22 Apr 03 09 Jul 87 09 Jul 87 09 Jul 87 09 Jul 87 15-Dec 93 31 May-01 *********** 01 Jan 80 *********** TOTAL FURNITURE, FIXTURES & EQUIPMENT PLACED IN SERVICE ********** ************ *********** *********** STEELTOP BENCHES
41 CANDY MACHINES
SPOT CLEANER EXTRACTOR 7 5 TON AIR CONDITIONER HEAT/AIR COMDIAL PHONE SYSTEM RECREATION EQUIPMENT ADT FURNITURE 2 GATEWAY COMPUTERS GATEWAY COMPUTER MOBLE WARDROBES **WORKSHOP DOORS** DOLPHIN STATUE PN FURNITURE SWIVEL CHAIRS EQUIPMENT NETWORK CARPET CEILING

Page 3 FOR THE YEAR ENDED JUNE 30, 2005

5,125 83 1,574 40 550 00 650 00 3,542 00 646 00 703 20 3,600 00 1,781 28 11,468 52 13,500 00 4,176 70 6,000 00 8,824 00 14,045 56 21,293 36 10,254 51 6,902 25 6,902 25 7,455 28 ************ 21,043 22 110,822 42 457,877 94 BALANCE 06/30/05 RETIREMENTS 000 : 00 000 DEPRECIATION******** : 5,214 70 3,418 17 4,359 32 4,359 32 6,390 24 59 36 95 69 155 05 57,412 44 3,439 73 27,181 47 ADDITIONS 5,125 83 1,574 40 550 00 650 00 3,542 00 646 00 703 20 3,600 00 1,721 92 2,774 82 11,468 52 13,500 00 4,176 70 6,000 00 8,824 00 10,605 83 16,078 66 6,836 34 2 542 93 2,542 93 1,065 04 20,888 17 400,465 50 83,640 95 BALANCE 07/01/04 5,125 83 1,574 40 550 00 650 00 3,542 00 646 00 703 20 3,600 00 1,781 28 2,870 51 *********** 11,468 52 13,500 00 4,176 70 6,000 00 8,824 00 17,198 65 26,073 50 17,090 85 13,077 95 13,077 95 25,560 95 21,043 22 156,049 07 983,090 11 CONTRACTO ACRECATOR 06/30/05 BALANCE 000 ************ RETIREMENTS 000 800 000 000 2,647 95 ADDITIONS *****COST ******* NURSERY EQUIPMENT 5.125 83 1.574 40 550 00 650 00 3.542 00 646 00 703 20 3.600 00 1.781 28 2.870 51 11,468 52 13,500 00 4,176 70 6,000 00 8,824 00 17,198 65 26,073 50 17,090 85 13,077 95 13,077 95 25,560 95 ************ 980,442 16 21,043 22 156,049 07 BALANCE METHOD 07/01/04 ******* ****** VEHICLES 7 2 2 2 2 2 2 2 2 2 322233 3 3 3 3 3 ******** 5 00 5 00 5 00 5 00 5 00 5 00 3 3 00 4 00 LIFE 01 Jan 80 26 Jun 87 27 Nov 89 23 Apr 90 18 Aug 92 08 Feb 94 28 Jun-94 07 Jul 97 09 Aug 99 24 Oct 89 02 May 97 11 Jul 97 09 Jun 98 26 Jun 99 21 May 01 15 Jun 01 21 Jun 02 17 Nov 03 17 Nov 03 22 Apr 04 ************ PLACED IN SERVICE ********* ************************** JOHN DEERE LX188 MOWER 12 NURSERY CARTS JD COMM W/B S/P MOWER 2002 CHEVROLET VAN 2001 OLDSMOBILE WGN 996 DODGE CARAVAN 8HP Blower SLB 8621C **6X10 UTILITY TRAILER** NURSERY EQUIPMENT RX5MOWER WITH BAG 5X10 UTILITY TRAILER 1999 GMC Cargo Van 2002 PONTIAC WGN 2003 FORD WGN WHEEL CHAIR LIFT (Wheelchair Van) YAMAHA TRACTOR C 62 PRESTO LIFT TOTAL PROPERTY 1989 FORD E150 1992 FORD VAN ************ 1991 FORD VAN 2000 Ford E350

(Rev. December 2004)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No 1545-1709

TROTTE TIETOTIE								
If you are:	filing for an Additional (not a	nth Extension, complete only automatic) 3-Month Extension already been granted an automat	n, complete only Part II					
Part I	Automatic 3-Month Exte	nsion of Time—Only subm	it original (no copies n	eeded)				
	· · · · · ·			nplete Part I only ▶ ☐ of time to file income tax returns.				
•		se Form 8736 to request an ext						
returns note (not automat	d below (6 months for corpor	ate Form 990-T filers). Howeve ad you must submit the fully c	r, you cannot file it electr	extension of time to file one of the onically if you want the additional (Part II) of Form 8868. For more				
Type or print	Name of Exempt Organization St. Andrew Bay Center, Ir	nc.		Employer Identification number 59 : 0951529				
File by the		suite no. If a P.O. box, see instruct	ions.					
due date for filing your	P.O. Box 1320							
retum See instructions	City, town or post office, state Lynn Haven, FL 32444	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lynn Haven, FL 32444						
		eparate application for each re	eturn)·					
Form 990	_	Form 990-T (corporation)		Form 4720				
Form 990		Form 990-T (sec. 401(a) or		Form 5227				
		☐ Form 990-T (trust other tha ☐ Form 1041-A	in above)	☐ Form 6069 ☐ Form 8870				
is for the wind in ames and in a line of the contract of the c	hole group, check this box EINs of all members the extensions and automatic 3-month (6-m	onths for a Form 990-T corpor	up, check this box ration) extension of time	and attach a list with the, 20,				
_	ne exempt organization return calendar year 20 or	for the organization named abo	ove. The extension is for	the organization's return for:				
▶ ☑	tax year beginning	July 1 , 20 04, a	nd endingJ	une 30 , ₂₀ 05				
			•	n ☐ Change in accounting period				
		BL, 990-PF, 990-T, 4720, or 6 ons						
	* *	F or 990-T, enter any refundable syment allowed as a credit		<u> </u>				
c Balanc with F instruc	TD coupon or, if required,	line 3a. Include your payment by using EFTPS (Electronic	Federal Tax Payment S	uired, deposit System). See \$				
Caution. If y	you are going to make an elections.	ctronic fund withdrawal with thi	s Form 8868, see Form					
	Act and Paperwork Reduction	Act Notice, see instructions.	Cat. No 27916D	Form 8868 (Rev 12-2004)				
J ha	ve nd Recei	var the 19280	us) 1001/10	e:df 20				
exten	w tade out	as mailal or	11/105					
			111100					



Form 8868 (Re	v. 12-2004)					Page 2	
Note. Only o	complete Part II if you have alr	automatic) 3-Month Extension, coready been granted an automatic 3-more onth Extension, complete only Part	nth extension on a pro			▶ □	
Part II		ic) 3-Month Extension of Time-	-Must File Origin				
Type or print	Name of Exempt Organizatio	n 		Employer Ide	ntification	number	
File by the extended due date for		suite no. If a P.O. box, see instructions.		For IRS use	inly		
filing the return See instructions	City, town or post office, state,	and ZIP code. For a foreign address, see instru	uctions.				
Check type	of return to be filed (File a	separate application for each return)	:				
☐ Form 99	00	☐ Form 990-T (sec. 401(a) or 408(a	i) trust)	□ F	orm 5227		
Form 99	00-BL	Form 990-T (trust other than abo	ove)		orm 6069		
Form 99		Form 1041-A		□ F	orm 8870		
Form 99		Form 4720	5		. file of Face		
		re not already granted an automatic	3-month extension	on a previousi	/ tiled For	m 8888.	
•		FAX No. ▶ (
		ffice or place of business in the Unite				▶ ⊔	
		organization's four digit Group Exem					
	ElNs of all members the ext	. If it is for part of the group, changing is for	Teck this box ► L	Jano attach a	. HSt WITH t	.ne	
				00			
		tension of time until				20	
		ax year beginningnonths, check reason: Initial retu					
	in detail why you need the e	xtension		•••••			
						· · · · · · · · · · · · · · · · · · ·	
		-BL, 990-PF, 990-T, 4720, or 6069, o			\$		
		PF, 990-T, 4720, or 6069, enter any r					
tax pa	ayments made. Include any	prior year overpayment allowed as	a credit and any		\$		
c Balan with F	ce Due. Subtract line 8b from	m line 8a. Include your payment with using EFTPS (Electronic Federal Tax Pa	this form, or, if requayment System). See	ired, deposit instructions.	\$		
		Signature and Verificati					
Under penaltie it is true, dorre	s of penury, I declare that I have extend, and complete, and that ham auth	mined this form, including accompanying sched		to the best of my	knowledge a	and belief,	
Signature	mondi die	Title > Account	tant	Date ►	-11/1	OS	
	-	ice to Applicant—To Be Comple	ted by the IRS				
☐ We ha		ease attach this form to the organization's	-				
		. However, we have granted a 10-day gracing any prior extensions). This grace perionely return. Please attach this form to the c		r of the date sho a valid extension	wn below o	or the due elections	
We ha		After considering the reasons stated in ite					
_	• • 70	ecause it was filed after the extended due	e date of the return for	r which an exter	ISION WAS TE	equested.	
		By [.]					
Director		by		Date			
	Mailing Address — Enter the an address different than the	address if you want the copy of this	application for an a	additional 3-m	onth exten	sion	
	Name						
	St. Andrew Bay Center			·			
Type or print	Po Box 1320	suite, room, or apt. no.) or a P.O. box					
	City or town, province or state, and country (including postal or ZIP code) Lynn Haven FL 32444						