

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

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

ST ANDREW BAY CENTER INC
PO BOX 1320
LYNN HAVEN FL 32444-6120

J Employer identification number
59-0951529

I Telephone number
(850) 265-2951

R Accounting method: Cash Accrual

S Other (specify) ▶

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

- H** and **I** are not applicable to section 527 organizations.
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1428857

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	89104		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	67258		
d	Total (add lines 1a through 1c) (cash \$ 94858 noncash \$ 61504)	1d		156362	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1146299	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		2490	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d					
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	114364		
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		114364	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		9342	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1428857	
Expenses	13 Program services (from line 44, column (B))	13		1315473	
	14 Management and general (from line 44, column (C))	14		156201	
	15 Fundraising (from line 44, column (D))	15		84293	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		1555967	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		(127110)	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		811955	
	20 Other changes in net assets or fund balances (attach explanation)	20		12329	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		697174	

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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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	848663	739402	29697
27	Pension plan contributions	27			
28	Other employee benefits	28	71687	63459	1889
29	Payroll taxes	29	72591	59809	3477
30	Professional fundraising fees	30			
31	Accounting fees	31	10162	515	9647
32	Legal fees	32			
33	Supplies	33	67626	43344	23360
34	Telephone	34	12566	8651	3914
35	Postage and shipping	35	2573	1200	1373
36	Occupancy	36	27210	20376	6835
37	Equipment rental and maintenance	37	4942	4267	675
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	27203	26928	276
42	Depreciation, depletion, etc. (attach schedule)	42	54967	475029	9938
43	Other expenses not covered above (itemize):				
a	see attached	43a	355777	302493	27414
b	.....	43b			
c	.....	43c			
d	.....	43d			
e	.....	43e			
f	.....	43f			
g	.....	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	1555967	1315473	156201
					84293

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 the instructions.)

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.

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a Provides supports & services for individuals with disabilities. (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1315473
b (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/> f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . ▶	1315473

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	253378	45	213119
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	136633		
	47b Less: allowance for doubtful accounts	2150	184394	47c 134483
	48a Pledges receivable			
	48b Less: allowance for doubtful accounts		101768	48c 104477
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	51b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	8547	53	
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments—land, buildings, and equipment: basis			
55b Less: accumulated depreciation (attach schedule)			55c	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis				
57b Less: accumulated depreciation (attach schedule)		715212	57c 663167	
58 Other assets (describe ▶)			58	
59 Total assets (must equal line 74). Add lines 45 through 58.	1263299	59	1123630	
Liabilities	60 Accounts payable and accrued expenses	77408	60	71382
	61 Grants payable		61	
	62 Deferred revenue	15625	62	17470
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)	358311	64a	337604
	64b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities. Add lines 60 through 65	451344	66	426456	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted	104268	68	114099
	69 Permanently restricted	707687	69	583075
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	811955	73	697174	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	1263299	74	1123630	

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 17		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . .	75b	✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.	75c	✓
d Does the organization have a written conflict of interest policy?	75d	✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See 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	✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	✓
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b Did the organization file Form 1120-POL for this year?	81b	

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	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 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		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
89b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
90a	List the states with which a copy of this return is filed ▶ <u>Florida</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) <u>staff 43</u>		
91a	The books are in care of ▶ <u>St. Andrew Bay Center, Inc</u> Telephone no. ▶ <u>(850) 265-2951</u> Located at ▶ <u>1804 Carolina Ave., Lynn Haven, FL</u> ZIP + 4 ▶ <u>32444</u>		
91b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶		✓
91c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		✓
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 ▶ <u>92</u>		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See 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					11575
b CRF Contract					125363
c Client product sales & services					105859
d					
e					
f Medicare/Medicaid payments					774276
g Fees and contracts from government agencies					129226
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					2490
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					114364
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Miscellaneous					9342
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					1272495
105 Total (add line 104, columns (B), (D), and (E))					1272495

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 the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).

Please Sign Here

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

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

Paid Preparer's Use Only

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

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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

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-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
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.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total _____ and line 27b total _____ ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	✓	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	N	A
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	N	A
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	N	A
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	N	A
d Copies of all material used by the organization or on its behalf to solicit contributions?	✓	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		✓
b Admissions policies?		✓
c Employment of faculty or administrative staff?		✓
d Scholarships or other financial assistance?		
e Educational policies?		✓
f Use of facilities?		✓
g Athletic programs?	N	A
h Other extracurricular activities?		✓
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	✓	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		✓
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	✓	

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

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

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.

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

- Check type of return to be filed** (file a separate application for each return):
- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **St. Andrew Bay Center, Inc.**
- Telephone No. ▶ (**850**) **265-2951** FAX No. ▶ (**850**) **248-2952**
- 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 February 15, 2007, 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, 2005, and ending June 30, 2006.

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.

- 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.

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

- 8a 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, 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 \$ _____
- c **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 *Amanda White* Title *Accountant* Date *11/9/06*

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, Inc.
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	P.O. Box 1320
	City or town, province or state, and country (including postal or ZIP code)
	Lynn Haven, FL 32444

St. Andrew Bay Center, Inc.
Form 990

59-0951529
For the Year Ended
June 30, 2006

Part I - Net Assets

Line 20 - Increase in Temporarily

\$12,329

Restricted Net Assets

Part IV - Balance Sheet

Line 64b - Notes Payable

To Whom Payable

Balance at
Beginning of Year

Balance at End of
Year

James Finch

358,311

337,604

358,311

337,604

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

	(A) Total	(B) Program Service	(C) Management & General	(D) Fund Raising
Client Pay	85,219	85,219		
Client Activities	768	768		
Insurance	50,942	46,516	4,426	
Workers' Compensation	34,190	30,215	2,894	1,081
Employee Background Screening	1,125	834	291	
Health Requirements	1,102		1,102	
Staff Education & Training	2,914	2,855	59	
Travel Expense	3,217	1,618	1,599	
Membership & Subscriptions	8,413	6,180	2,233	
Recognition & Awards	2,465	1,926	539	
Office Expense	15,975	10,796	5,179	
Mileage Reimbursement	28,347	26,806	1,541	
Bad Debts	5,045		5,045	
Bank Charges	1,082		1,082	
Vehicle Maintenance & Gasoline	11,862	11,401	461	
Repairs & Maintenance	11,462	11,178	284	
In-Kind Donations- Supplies	21,016			21,016
Donated Services	61,504	61,504		
Miscellaneous	3,600	121	679	2,800
Advertising	5,529	4,556		973
	<u>355,777</u>	<u>302,493</u>	<u>27,414</u>	<u>25,870</u>
	355,777			

St Andrew Bay Center, Inc
Form 990

59-0951529
For the Year Ended
June 30, 2006

Part V - List of Board of
Directors

Diane Stewart President	1022 W. 23rd St P. O. Box 59950 Panama City, FL 32412
Sherri Mallory Vice President	1008 Harrison Ave. Panama City, FL 32401
Cortez Patrick Treasurer	1335 Grace Ave. Panama City, FL 32401
Bill Gobat Secretary	2813 Woodmere Dr Panama City FL 32405
David Gentili Board Member	1604 Inverness Road 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
Marie Corbin Board Member	PO Box 1210 Lynn Haven, FL 32444
Robin Atamian Board Member	429 Harnson Ae Panama City, FL 32401
Sally Stanley Board Member	2300 Coral Drive Lynn Haven, FL 32444
Billy Cumiskey Board Member	PO Box 15283 Panama City, FL 32406
Susan Tull Board Member	3246 Country Club Drive Lynn Haven, FL 32444
Woody Woodard Board Member	2003 Windjammer Lynn Haven, FL 32444
Ray Dubuque Board Member	3001 Kings Harbour Road Panama City FL 32405
Pat Futrell Board Member	330 W 23rd St. Ste. J Panama City FL 32405
Deborah Hunt Board Member	1022 W. 23rd St P. O. Box 59950 Panama City FL 32405
Eileen Mortenson Board Member	212 Montana Ave Lynn Haven, FL 32444

ST. ANDREW BAY CENTER
DEPRECIATION REPORT

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****					
			BALANCE 07/01/05	ADDITIONS	RETIREMENT	BALANCE 06/30/06	BALANCE 07/01/05	ADDITIONS	RETIREMENT	BALANCE 06/30/06	
***** REAL PROPERTY *****											
ORIGINAL BUILDING	01-Oct-78	20 00	SL	60,888.21				60,888.21	60,888.21		
FRAME BUILDING-CLASSRC	01-Oct-78	20 00	SL	34,167.30				34,167.30	34,167.30		
CLASSROOM IMPROVEMEN	01-Oct-79	16 00	SL	780.00				780.00	780.00		
WORK CENTER & FENCE	01-Oct-79	12 00	SL	20,565.92				20,565.92	20,565.92		
WALKWAY COVER	31-Jul-85	10.00	SL	1,400.00				1,400.00	1,400.00		
BUILDING	01-Mar-85	20 00	SL	61,322.64				61,322.64	61,322.64		
ROOF	15-Apr-86	5.00	SL	6,780.00				6,780.00	6,780.00		
GREENHOUSE	07-Jul-87	15 00	SL	5,546.13				5,546.13	5,546.13		
WELL SYSTEM	01-Mar-92	10 00	SL	4,000.00				4,000.00	4,000.00		
BUILDING-ALA AVE	18-Nov-97	20.00	SL	70,000.00				26,833.33	3,500.00	30,333.33	
BUILDING-ADT	03-Dec-02	31.50	SL	420,000.00				34,444.44	13,333.33	47,777.77	
PORCH/NURSERY WALKWA	03-Dec-02	10.00	SL	2,800.00				723.33	280.00	1,003.33	
WALLPAPER	12-Dec-02	5.00	SL	1,649.23				852.11	329.85	1,181.96	
TOTAL REAL PROPERTY				689,899.43	0.00	0.00		258,303.41	17,443.18	0.00	275,746.59
***** FURNITURE, FIXTURES, & EQUIPMENT *****											
AIR CONDITIONER/HEATER	10-Aug-88	5.00	SL	510.00				510.00			510.00
2 FEDDERS AIR CONDITION	02-May-94	5 00	SL	1,199.90				1,199.90			1,199.90
SAMSUNG TELEPHONE SYE	13-Jun-95	5 00	SL	2,715.44				2,715.44			2,715.44
ICE MACHINE	19-Jun-97	5 00	SL	1,795.00				1,795.00			1,795.00
2 MAYTAG DISHWASHERS	14-Jan-97	5 00	SL	1,007.90				1,007.90			1,007.90
2 AIR CONDITIONS	05-May-98	5 00	SL	1,437.00				1,437.00			1,437.00
ICE MAKER	19-Aug-99	5 00	SL	649.99				649.99			649.99
COMPUTER DESK/HUTCH	29-Oct-99	5 00	SL	798.00				798.00			798.00
VERTICAL BLINDS/AD OFF	03-Nov-99	5 00	SL	924.00				924.00			924.00
3 DELL COMPUTERS	15-Nov-99	5 00	SL	3,534.00				3,534.00			3,534.00
3 PRINTERS/2 LAS/1 INK	26-Nov-99	5 00	SL	529.86				529.86			529.86
7 2-WAY RADIOS	08-Jun-00	5 00	SL	1,901.60				1,901.00			1,901.00
12 6 FT FOLDING TABLES	13-Jun-00	5 00	SL	1,020.00				1,020.00			1,020.00
2 GATEWAY COMPUTERS	28-Jun-01	5 00	SL	2,388.00				1,910.40	477.60		2,388.00
2 GATEWAY COMPUTERS	28-Jan-02	5 00	SL	2,228.00				1,522.47	445.60		1,968.07
2 GATEWAY COMPUTERS	14-Mar-02	5 00	SL	1,398.00				932.00	279.60		1,211.60
2 GATEWAY COMPUTERS	07-Jun-02	5 00	SL	1,417.00				897.43	283.40		1,180.83

ST ANDREW BAY CENTER
DEPRECIATION REPORT

Page 2
FOR THE YEAR ENDED JUNE 30, 2006

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****			
			BALANCE 07/01/05	ADDITIONS	RETIREMENT: 06/30/06	BALANCE 07/01/05	ADDITIONS	RETIREMENT: 06/30/06	BALANCE 06/30/06
***** FURNITURE, FIXTURES, & EQUIPMENT (CONTINUED) *****									
ADT FURNITURE	1-Dec-02	10 00	SL	14,934.46			3,858.08	1,493.45	5,351.53
2 GATEWAY COMPUTERS	23-Jan-03	5 00	SL	3,037.98			1,468.37	607.60	2,075.97
7 TVs	23-Jan-03	5 00	SL	1,188.10			574.25	237.62	811.87
DOLPHIN STATUE	8-Feb-03			3,000.00					
PN FURNITURE	1-Apr-03	10 00	SL	5,342.70			1,202.11	534.27	1,736.38
CARPET	1-Apr-03	10.00	SL	2,930.00			659.25	293.00	952.25
HEAT/AIR	8-Apr-03	10 00	SL	6,916.00			1,556.10	691.60	2,247.70
COMDIAL PHONE SYSTEM	14-Apr-03	5.00	SL	3,398.50			1,529.33	679.70	2,209.03
CEILING	22-Apr-03	10.00	SL	2,775.00			601.25	277.50	878.75
NETWORK	21-Apr-03	5 00	SL	639.38			277.07	127.88	404.95
7 5 TON AIR CONDITIONER	28-Jun-04	5.00	SL	5,433.00			1,086.60	1,086.60	2,173.20
GATEWAY COMPUTER	22-Mar-72	5 00	SL	2,647.95			529.59	529.59	1,059.18
GATEWAY COMPUTER M32	25-Jul-05	5.00	SL		1,059.65			211.93	211.93
DELL DIMENSION 3000	24-Oct-05	5.00	SL		1,202.07			160.28	160.28
DELL DIMENSION E310	21-Jun-06	5.00	SL		661.19			0.00	0.00
TOTAL FURNITURE, FIXTURES & EQUIPMENT				77,696.76	2,922.91	0.00	36,626.39	8,417.20	45,043.59
***** RECREATION EQUIPMENT *****									
RECREATION EQUIPMENT	01-Jan-80	5.00	SL	130.00			130.00		130.00
***** INDUSTRIAL ARTS EQUIPMENT *****									
SWIVEL CHAIRS	09-Jul-87	15.00	SL	3,150.00			3,150.00		3,150.00
MOBLE WARDROBES	09-Jul-87	15.00	SL	1,683.00			1,683.00		1,683.00
WORKSHOP DOORS	09-Jul-87	15.00	SL	516.00			516.00		516.00
EQUIPMENT	09-Jul-87	15.00	SL	1,823.36			1,823.40		1,823.40
STEELTOP BENCHES	09-Jul-87	15.00	SL	1,095.64			1,095.64		1,095.64
41 CANDY MACHINES	15-Dec-93	15 00	SL	29,000.00			22,394.41	1,933.33	24,327.74
SPOT CLEANER EXTRACTO	31-May-01	5 00	SL	1,003.63			819.65	183.98	1,003.63
TOTAL INDUSTRIAL ARTS EQUIPMENT				38,271.63	0.00	0.00	31,482.10	2,117.31	33,599.41

ST ANDREW BAY CENTER
DEPRECIATION REPORT

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****					
			BALANCE 07/01/05	ADDITIONS	RETIREMENT	BALANCE 06/30/06	BALANCE 07/01/05	ADDITIONS	RETIREMENT	BALANCE 06/30/06	
***** NURSERY EQUIPMENT *****											
NURSERY EQUIPMENT	01-Jan-80	5 00	SL	5,125 83				5,125 83	5,125 83		
RX5MOWER WITH BAG	26-Jun-87	4 00	SL	1,574 40				1,574 40	1,574 40		
5X10 UTILITY TRAILER	27-Nov-89	5 00	SL	550 00				550 00	550 00		
6X10 UTILITY TRAILER	23-Apr-90	5 00	SL	650 00				650 00	650 00		
YAMAHA TRACTOR	18-Aug-92	5 00	SL	3,542 00				3,542.00	3,542 00		
8HP Blower SLB 8621C	08-Feb-94	5 00	SL	646 00				646.00	646.00		
JD COMM W/B S/P MOWER	28-Jun-94	5 00	SL	703.20				703 20	703.20		
JOHN DEERE LX188 MOWEI	07-Jul-97	5 00	SL	3,600.00				3,600.00	3,600 00		
12 NURSERY CARTS	09-Aug-99	5 00	SL	1,781 28				1,781 28	1,781 28		
C-62 PRESTO LIFT	09-Aug-99	5 00	SL	2,870 51				2,870.51	2,870 51		
				21,043 22	0.00	0 00	21,043 22	21,043 22	21,043 22		
***** VEHICLES *****											
1989 FORD E150	24-Oct-89	5 00	SL	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		
WHEEL CHAIR LIFT	11-Jul-97	5 00	SL	4,176 70				4,176 70	4,176 70		
1991 FORD VAN	09-Jun-98	5 00	SL	6,000 00		6,000 00	0 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		
1999 GMC Cargo Van	21-May-01	5 00	SL	17,198 65				14,045 56	3,153 09		
2000 Ford E350 (Wheelchair Van)	15-Jun-01	5 00	SL	26,073.50				21,293.36	4,780 14		
2002 CHEVROLET VAN	21-Jun-02	5.00	SL	17,090.85				10,254.51	3,418 17		
2001 OLDSMOBILE WGN	17-Nov-03	3 00	SL	13,077.95				6,902.25	4,359 32		
2002 PONTIAC WGN	17-Nov-03	3 00	SL	13,077 95				6,902 25	4,359 32		
2003 FORD WGN	22-Apr-04	4 00	SL	25,560 95				7,455 28	6,390.24		
				156,049 07	0.00	6,000 00	150,049 07	110,822 43	26,460 27	6,000.00	131,282 70
TOTAL PROPERTY				983,090 11	2,922.91	6,000 00	980,013 02	458,407.55	54,437 97	6,000 00	506,845 52