

Return of Organization Exempt From Income Tax

2006

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 2006 calendar year 2007

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

Please print or type

200706 031130000 29 IB ST ANDREW BAY CENTER INC PO BOX 1320 LYNN HAVEN FL 32444-6120

IRS

Employer Identification Number

59-0951529

Telephone number

(850) 265-2951

Accounting method: Cash Accrual

Other (specify)

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

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? (If 'No,' attach a list See instructions)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

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

G Web site: N/A

J Organization type (check only one): 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 1,439,508.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 3 columns: Description, Amount, and Total. Includes sections for Revenue (lines 1-12) and Expenses (lines 13-17), ending with Net Assets (lines 18-21).

SCANNED FEB 12 2008

REVENUE

EXPENSES

NET ASSETS

RECEIVED FEB 10 2008 OPEN UT

917

19

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.

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a	0.	0.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	852,596.	740,616.	95,183.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	71,288.	65,282.	5,105.
29 Payroll taxes	29	70,397.	62,249.	6,925.
30 Professional fundraising fees	30			
31 Accounting fees	31	8,511.	0.	8,511.
32 Legal fees	32			
33 Supplies	33	43,544.	30,040.	896.
34 Telephone	34	10,826.	6,610.	4,216.
35 Postage and shipping	35	2,519.	654.	1,865.
36 Occupancy	36	25,477.	17,569.	7,908.
37 Equipment rental and maintenance	37	4,583.	4,165.	418.
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	25,378.	25,375.	3.
42 Depreciation, depletion, etc (attach schedule)	42	41,230.	34,549.	6,681.
43 Other expenses not covered above (itemize):				
a See Attached	43a	294,475.	252,304.	36,669.
b -----	43b			
c -----	43c			
d -----	43d			
e -----	43e			
f -----	43f			
g -----	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,450,824.	1,239,413.	174,380.

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

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? ▶ <u>see below</u> 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) organizations and 4947(a)(1) trusts, but optional for others)
a <u>Provides supports and services for individuals with disabilities.</u> ----- ----- ----- (Grants and allocations \$ 0.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,239,413.
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 (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) ▶	1,239,413.

BAA

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) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	213,119.	45	217,871.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 117,124.		
	b Less: allowance for doubtful accounts	47b 500.	134,483.	47c 116,624.
	48a Pledges receivable	48a 10,283.		
	b Less: allowance for doubtful accounts	48b 0.	104,477.	48c 102,838.
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		8,384.	53 8,985.
	54a Investments — publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments — other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments — other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 1,166,421.		
b Less: accumulated depreciation (attach schedule)	57b 541,284.	663,167.	57c 625,137.	
58 Other assets, including program-related investments (describe ▶ _____)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		1,123,630.	59 1,071,455.	
LIABILITIES	60 Accounts payable and accrued expenses		71,382.	60 60,518.
	61 Grants payable			61
	62 Deferred revenue		17,470.	62 13,125.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)		337,604.	64b 315,405.
	65 Other liabilities (describe ▶ _____)			65
66 Total liabilities. Add lines 60 through 65		426,456.	66 389,048.	
FUNDS OR OTHER REPORTABLE EQUITIES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		114,099.	67 110,648.
	68 Temporarily restricted		583,075.	68 571,759.
	69 Permanently restricted			69
	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 and column (B) must equal line 21)		697,174.	73 682,407.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,123,630.	74 1,071,455.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d		e

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
see attached				
see attached	part-time 1	0.	0.	0.

Part VI Other Information (continued)		Yes	No
82 a	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?	X	
	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.)		
	82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85 a	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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.		
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 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?	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	N/A	
86 a		N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 a		N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	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		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	n/a	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
89 b	501(c)(3) and 501(c)(4) organizations 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		X
89 c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ <u>Florida</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		42
91 a	The books are in care of ▶ <u>St. Andrew Bay Center, Inc.</u> Telephone number ▶ <u>(850) 265-2951</u> Located at ▶ <u>1804 Carolia Ave. Lynn Haven, FL</u> ZIP + 4 ▶ <u>32444</u>		
91 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 ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

	Yes	No
c		X

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 92

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 Contracts					59,716.
b CRF Contract					146,839.
c Client Products & Sales					108,796.
d					
e					
f Medicare/Medicaid payments					710,822.
g Fees & contracts from government agencies					144,933.
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					3,050.
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					87,552.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous					6,910.
c Lawsuit Settlement					22,761.
d					
e					0.
104 Subtotal (add columns (B), (D), and (E))					1,291,379.
105 Total (add line 104, columns (B), (D), and (E))					1,291,379.

Note: Line 105 plus line 1e, 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)
all	All income is used to provide supports and services for individuals with disabilities.

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

N/A

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest			
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

a Did the organization, during the year, receive any funds, directly or indirectly, to pay p

b Did the organization, during the year, pay premiums, directly or indi

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here

Signature of officer: [Handwritten Signature] Date: JAN 24, 2008

Type of print name and title: San Peace Executive Director

Paid Preparer's Use Only

Preparer's signature: [Handwritten Signature] Date: 01/23/08

Firm's name (or yours if self-employed), address, and ZIP + 4: AMANDA NICHOLS
91 WINDRIDGE CT
PANAMA CITY BEACH FL 32413-2673

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): NA
EIN: P0054523

Phone no: 850-249-4445

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2006

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 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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

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

Part 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 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	None	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	X
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	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that 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.)
- 11 a 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.)
- 11 b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

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

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

N/A

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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 2002 through 2005 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** _____ ▶ **26d**
22 _____ **26b** _____

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:
 (2005) _____ (2004) _____ (2003) _____ (2002) _____

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:
 (2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add: Amounts from column (e) for lines: **15** _____ **16** _____ ▶ **27c**
17 _____ **20** _____ **21** _____ ▶ **27d**

d Add: Line 27a total _____ and line 27b total _____ ▶ **27e**

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 2002 through 2005, 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 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?	X	
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?	X	
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) <u>N/A</u>		X
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		X
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		X
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) <u>N/A</u>	X	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		X
34a Does the organization receive any financial aid or assistance from a governmental agency?	X	
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.		X
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.	X	

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

0

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	0
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 --		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is --		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (See instructions.)
 (For reporting only by organizations that did not complete Part VI-A)

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:

- 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.)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

St. Andrew Bay Center, Inc.
Form 990

59-0951529
For the Year Ended
June 30, 2007

Part I - Net Assets
Line 20 - Decrease in Temporarily
Restricted Net Assets \$3,451

Part IV - Balance Sheet
Line 64b - Notes Payable

<u>To Whom Payable</u>	<u>Balance at Beginning of Year</u>	<u>Balance at End of Year</u>
James Finch	<u>\$337,604</u>	<u>\$315,405</u>
	<u><u>\$337,604</u></u>	<u><u>\$315,405</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	76,397	76,397		
Client Activities	1,114	1,114		
Insurance	55,920	44,664	11,256	
Workers' Compensation	16,722	8,069	7,355	1,298
Employee Background Screening	869	832	37	
Health Requirements	1,157		1,157	
Staff Education & Training	1,725	1,123	602	
Travel Expense	2,888	1,630	1,258	
Membership & Subscriptions	6,545	5,300	1,245	
Recognition & Awards	2,708	989	1,719	
Office Expense	8,327	4,792	3,535	
Mileage Reimbursement	35,399	33,803	1,596	
Bad Debts	2,373		2,373	
Bank Charges	1,192		1,192	
License & Taxes	699	574	125	
In-Kind Donations- Supplies	1,205			1,205
Vehicle Maintenance & Gasoline	13,682	13,439	243	
Repairs & Maintenance	5,965	4,847	1,118	
Donated Services	50,510	50,510		
Miscellaneous	2,996		396	2,600
Advertising	6,082	4,221	1,462	399
	<u>294,475</u>	<u>252,304</u>	<u>36,669</u>	<u>5,502</u>
	294,475			

St Andrew Bay Center, Inc.
Form 990

59-0951529
For the Year Ended
June 30, 2007

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
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

Page 1
FOR THE YEAR ENDED JUNE 30, 2007

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****		
			BALANCE 07/01/06	ADDITIONS	RETIREMENTS 06/30/07	BALANCE 07/01/06	ADDITIONS	RETIREMENTS 06/30/07
***** 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			30,333 33	33,833 33
BUILDING-ADT	03-Dec-02	31 50	SL	420,000 00			47,777 77	61,111 10
PORCH/NURSERY WALKWA	03-Dec-02	10 00	SL	2,800 00			1,003 33	1,283 33
WALLPAPER	12-Dec-02	5 00	SL	1,649 23			1,181 96	1,511 81
TOTAL REAL PROPERTY				689,899 43	0 00	0 00	275,746 59	293,189 77
***** FURNITURE, FIXTURES, & EQUIPMENT *****								
AIR CONDITIONER/HEATER	10-Aug-88	5 00	SL	510 00		510 00	510 00	0 00
2 FEDDERS AIR CONDITION	02-May-94	5 00	SL	1,199 90		1,199 90	1,199 90	0 00
SAMSUNG TELEPHONE SY	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	0 00
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	0 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			2,388 00	2,388 00
2 GATEWAY COMPUTERS	28-Jan-02	5 00	SL	2,228 00			1,968 07	2,228 00
2 GATEWAY COMPUTERS	14-Mar-02	5 00	SL	1,398 00			1,211 60	1,398 00
2 GATEWAY COMPUTERS	07-Jun-02	5 00	SL	1,417 00			1,180 83	1,417 00

ST ANDREW BAY CENTER
DEPRECIATION REPORT

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****					
			BALANCE 07/01/06	ADDITIONS	RETIREMENTS 06/30/07	BALANCE 07/01/06	ADDITIONS	RETIREMENTS 06/30/07	BALANCE 06/30/07		
***** FURNITURE, FIXTURES, & EQUIPMENT (CONTINUED) *****											
ADT FURNITURE	1-Dec-02	10 00	SL	14,934 46			14,934 46	5,351 53	1,493 45		6,844 98
2 GATEWAY COMPUTERS	23-Jan-03	5 00	SL	3,037 98			3,037 98	2,075 97	607 60		2,683 57
7 TVs	23-Jan-03	5 00	SL	1,188 10			1,188 10	811 87	237 62		1,049 49
DOLPHIN STATUE	8-Feb-03			3,000 00			3,000 00				
PN FURNITURE	1-Apr-03	10 00	SL	5,342 70			5,342 70	1,736 38	534 27		2,270 65
CARPET	1-Apr-03	10 00	SL	2,930 00			2,930 00	952 25	293 00		1,245 25
HEAT/AIR	8-Apr-03	10 00	SL	6,916 00			6,916 00	2,247 70	691 60		2,939 30
COMDIAL PHONE SYSTEM	14-Apr-03	5 00	SL	3,398 50			3,398 50	2,209 03	679 70		2,888 73
CEILING	22-Apr-03	10 00	SL	2,775 00			2,775 00	878 75	277 50		1,156 25
NETWORK	21-Apr-03	5 00	SL	639 38			639 38	404 95	127 88		532 83
7 5 TON AIR CONDITIONER	28-Jun-04	5 00	SL	5,433 00			5,433 00	2,173 20	1,086 60		3,259 80
GATEWAY COMPUTER	22-Mar-72	5 00	SL	2,647 95			2,647 95	1,059 18	529 59		1,588 77
GATEWAY COMPUTER M32	25-Jul-05	5 00	SL	1,059 65			1,059 65	211 93	211 93		423 86
DELL DIMENSION 3000	24-Oct-05	5 00	SL	1,202 07			1,202 07	160 28	240 41		400 69
DELL DIMENSION E310	21-Jun-06	5 00	SL	661 19			661 19		132 24		132 24
13 SEER GOODMAN A/C SY:	9-Aug-06	5 00	SL		3,200 00		3,200 00		586 67		586 67
TOTAL FURNITURE, FIXTURES & EQUIPMENT				80,619 67	3,200 00	3,641 80	80,177 87	45,043 61	8,412 55	3,641 80	49,814 36
***** RECREATION EQUIPMENT *****											
RECREATION EQUIPMENT	01-Jan-80	5 00	SL	130 00			130 00	130 00			130 00
***** INDUSTRIAL ARTS EQUIPMENT *****											
SWIVEL CHAIRS	09-Jul-87	15 00	SL	3,150 00		3,150 00	0 00	3,150 00		3,150 00	0 00
MOBLE WARDROBES	09-Jul-87	15 00	SL	1,683 00			1,683 00	1,683 00			1,683 00
WORKSHOP DOORS	09-Jul-87	15 00	SL	516 00			516 00	516 00			516 00
EQUIPMENT	09-Jul-87	15 00	SL	1,823 36			1,823 36	1,823 40			1,823 40
STEELTOP BENCHES	09-Jul-87	15 00	SL	1,095 64			1,095 64	1,095 64			1,095 64
41 CANDY MACHINES	15-Dec-93	15 00	SL	29,000 00			29,000 00	24,327 74	1,933 33		26,261 07
SPOT CLEANER EXTRACTO	31-May-01	5 00	SL	1,003 63			1,003 63	1,003 63			1,003 63
				38,271 63	0 00	3,150 00	35,121 63	33,599 41	1,933 33	3,150 00	32,382 74

ST ANDREW BAY CENTER
DEPRECIATION REPORT

Page 3
FOR THE YEAR ENDED JUNE 30, 2007

PLACED IN SERVICE	LIFE	METHOD	*****COST*****			*****DEPRECIATION*****		
			BALANCE 07/01/06	ADDITIONS	RETIREMENT: 06/30/07	BALANCE 07/01/06	ADDITIONS	RETIREMENT: 06/30/07
***** 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 MOWE	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
***** 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
1996 DODGE CARAVAN	26-Jun-99	3 00	SL	8,824 00			8,824 00	8,824 00
1999 GMC Cargo Van	21-May-01	5 00	SL	17,198 65			17,198 65	17,198 65
2000 Ford E350 (Wheelchair Van)	15-Jun-01	5 00	SL	26,073 50			26,073 50	26,073 50
2002 CHEVROLET VAN	21-Jun-02	5 00	SL	17,090 85			13,672 68	17,090 85
2001 OLDSMOBILE WGN	17-Nov-03	3 00	SL	13,077 95			11,261 57	13,077 95
2002 PONTIAC WGN	17-Nov-03	3 00	SL	13,077 95			11,261 57	13,077 95
2003 FORD WGN	22-Apr-04	4 00	SL	25,560 95			13,845 52	20,235 76
				150,049 07	0 00	0 00	131,282 71	144,723 88
TOTAL PROPERTY				980,013 02	3,200 00	6,791 80	506,845 54	541,283 97

Application for Extension of Time To File an Exempt Organization Return

▶ 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

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

• 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 section 501(c) corporation required to file Form 990-T) extension of time until **February 15**, 20 **07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 _____ or

▶ tax year beginning **July 1**, 20 **06**, and ending **June 30**, 20 **07**

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.	3a	\$
3b 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.	3b	\$
3c 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.	3c	\$

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. You must file original and one copy.

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	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-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of _____
Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

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

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.	8a \$
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.	8b \$
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.	8c \$

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 ▶ *Ormanda K. Kelly* Title ▶ **Accountant** Date ▶ **11/14/07**

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