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2008

FEDERAL STATEMENTS
COMMUNITY SERVICE FOUNDATION OF BAY
COUNTY, INC.

PAGE 5

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7/22/09

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STATEMENT 8 (CONTINUED)
FORM 990-PF, PART VII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KENNETH SHAW 924 COLLEGE BLVD NORTH LYNN HAVEN, FL 32444	DIRECTOR 0.30	\$ 0.	\$ 0.	\$ 0.
TOTAL \$ 19,370. \$ 0. \$ 0.				

STATEMENT 9
FORM 990-PF, PART XV, LINE 2A-D
APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:
 NAME: LARRY LYNN
 CARE OF:
 STREET ADDRESS: P O BOX 15483
 CITY, STATE, ZIP CODE: PANAMA CITY, FL 32406
 TELEPHONE: 850 747-8601
 FORM AND CONTENT: NO REQUIRED FORMAT- WRITTEN REQUEST SHOULD INCLUDE AMOUNT
 AND PURPOSE
 SUBMISSION DEADLINES: MAY 1ST
 RESTRICTIONS ON AWARDS: NONE

STATEMENT 10
FORM 990-PF, PART XV, LINE 3A
RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
FAMILY SERVICE AGENCY 890 W 11TH STREET PANAMA CITY, FL 32401		PUB CH		\$ 8,000.
SECOND CHANCE 222 E BEACH DR PANAMA CITY, FL 32401		PUB CH		3,000.
BAY COUNTY COUNCIL ON AG. 1116 FRANKFORD AVE PANAMA CITY, FL 32401		PUB CH		5,000.
MDA PANAMA CITY, FL 32401		PUB CH		3,200.