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Form 990-PF (2008) COMMUNITY SERVICE FOUNDATION OF BAY

59-1681213

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**Part IV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(f)(3) or ☐ 4942(f)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon:

a 'Assets' alternative test - enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(f)(3)(B)(i)

b 'Endowment' alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c 'Support' alternative test - enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(f)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

**Part V Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

SEE STATEMENT 9

b The form in which applications should be submitted and information and materials they should include:

SEE STATEMENT FOR LINE 2A

c Any submission deadlines:

SEE STATEMENT FOR LINE 2A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE STATEMENT FOR LINE 2A

BAA

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2008

## FEDERAL STATEMENTS

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COMMUNITY SERVICE FOUNDATION OF BAY  
COUNTY, INC.

59-1681213

7/22/09

03:32PM

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: LARRY LYNN  
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.