

ALDRIDGE, BORDEN & COMPANY, PC
74 COMMERCE STREET
MONTGOMERY, AL 36104

January 18, 2007

CONFIDENTIAL

LIGHTHOUSE COUNSELING CENTER, INC.
1415 EAST SOUTH BOULEVARD
MONTGOMERY, AL 36116-2319

Dear Sirs:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

ALDRIDGE, BORDEN & COMPANY, PC

Filing Instructions

LIGHTHOUSE COUNSELING CENTER, INC.

Exempt Organization Tax Return

Taxable Year Ended September 30, 2006

Date Due: February 15, 2007

Remittance: None is required. Your Form 990 for the tax year ended 9/30/06 shows no balance due. The return should be signed and dated on Page 8 by an officer representing the organization.

Mail To: Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 N. Rulon White Blvd.
Ogden, UT 84404

Other: Initial and date the copy of the return, and retain it for your records.

LIGHTHOUSE COUNSELING CENTER, INC.
1415 EAST SOUTH BOULEVARD
MONTGOMERY, AL 36116-2319

Internal Revenue Service Center
Ogden, UT 84201-0027



Form **990**

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

2005
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 10/01/05, and ending 9/30/06

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LIGHTHOUSE COUNSELING CENTER, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1415 EAST SOUTH BOULEVARD

City or town, state or country, and ZIP + 4
MONTGOMERY AL 36116-2319

D Employer identification no.
23-7126914

E Telephone number
334-286-5980

F 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 Yes No
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instr.)
- 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 Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: N/A

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.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,590,823**

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	18,715		
	b Indirect public support	1b	100,559		
	c Government contributions (grants)	1c	2,285,730		
	d Total (add lines 1a through 1c) (cash \$ 2,405,004 noncash \$)	1d		2,405,004	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		160,114	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		6,707	
	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				
Revenue	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	6,712		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-6,712		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		-6,712	
Revenue	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			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a Gross sales of inventory, less returns and allowances	10a			
Revenue	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		18,998	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,584,111		
Expenses	13 Program services (from line 44, column (B))	13		2,576,004	
	14 Management and general (from line 44, column (C))	14		132,974	
	15 Fundraising (from line 44, column (D))	15		112	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		2,709,090	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-124,979	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,260,550	
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,135,571	

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

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 \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24 Benefits paid to or for members (attach schedule) <input type="checkbox"/>	24			
25 Compensation of officers, directors, etc.	25 57,727	46,182	11,545	
26 Other salaries and wages	26 847,418	823,300	24,118	
27 Pension plan contributions	27 10,148	9,764	384	
28 Other employee benefits	28 140,788	133,377	7,411	
29 Payroll taxes	29 73,275	70,499	2,776	
30 Professional fundraising fees	30			
31 Accounting fees	31 18,412	18,412		
32 Legal fees	32			
33 Supplies	33 58,573	50,378	8,083	112
34 Telephone	34 64,169	59,654	4,515	
35 Postage and shipping	35 2,176	2,115	61	
36 Occupancy	36 322,484	322,484		
37 Equipment rental and maintenance	37 59,306	46,069	13,237	
38 Printing and publications	38 4,182	3,798	384	
39 Travel	39 63,969	56,888	7,081	
40 Conferences, conventions, and meetings	40 15,246	7,490	7,756	
41 Interest	41 22,697	20,110	2,587	
42 Depreciation, depletion, etc. (attach schedule)	42 72,525	60,989	11,536	
43 Other expenses not covered above (itemize):				
a See Statement 2	43a 875,995	844,495	31,500	
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 2,709,090	2,576,004	132,974	112

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?

► **COUNSELING THE MISFORTUNATE**

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) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a CHEMICAL DEPENDENCY RECOVERY PROGRAM - CDRP PROVIDES A FULL CONTINUUM OF ADDICTION TREATMENT FOR ADOLESCENTS, ADULTS AND FAMILIES.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

530,387

b HOUSING AND URBAN DEVELOPMENT PROGRAM - THIS PROGRAM OFFERS SAFE AND ADEQUATE HOUSING WITHIN THE COMMUNITY FOR RESIDENTS OF MONTGOMERY COUNTY THAT ARE LIVING WITH HIV/AIDS, ARE HOMELESS, AND WHO HAVE SUBSTANCE ABUSE OR MENTAL ILLNESS DIAGNOSIS.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

700,733

c KALEIDOSCOPE PROGRAM - THIS PROGRAM WAS ESTABLISHED TO PROVIDE ASSISTANCE TO PREGNANT WOMEN WITH SUBSTANCE ABUSE PROBLEMS.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

549,875

d PREVENTION PROGRAM - PROGRAM PROVIDES A BROAD RANGE OF EDUCATIONAL AND OUTREACH ACTIVITIES FOR HIV PREVENTION.

(Grants and allocations \$) If this amount includes foreign grants, check here ►

103,210

e Other program services (attach schedule) See Stmt 3

(Grants and allocations \$) If this amount includes foreign grants, check here ►

691,799

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

2,576,004

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	188,929	45	113,465
	46 Savings and temporary cash investments	198,550	46	183,422
	47a Accounts receivable	6,450		
	b Less: allowance for doubtful accounts		47c	6,450
	47b	4,267		
	48a Pledges receivable		48c	
	b Less: allowance for doubtful accounts			
	48b			
	49 Grants receivable	345,589	49	370,936
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	51b			
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	23,896	53	31,690
54 Investments-securities		54		
<input type="checkbox"/> Cost <input type="checkbox"/> FMV				
55a Investments-land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		55c		
55b				
56 Investments-other (attach schedule)		56		
57a Land, buildings, and equipment: basis	1,248,829			
b Less: accumulated depreciation (attach schedule)	408,351			
57b	895,797	57c	840,478	
58 Other assets (describe	450	58	450	
59 Total assets (must equal line 74). Add lines 45 through 58.	1,657,478	59	1,546,891	
Liabilities	60 Accounts payable and accrued expenses	92,292	60	127,158
	61 Grants payable		61	
	62 Deferred revenue		62	
	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) See Worksheet	304,636	64b	284,162
	65 Other liabilities (describe		65	
66 Total liabilities. Add lines 60 through 65	396,928	66	411,320	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,104,275	67	988,000
	68 Temporarily restricted	156,275	68	147,571
	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; column (B) must equal line 21)	1,260,550	73	1,135,571
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	1,657,478	74	1,546,891	

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?		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.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N / A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N / A		
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.		
	N / A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N / A		
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) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
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		X
89a	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		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
	90b		
91a	The books are in care of CARIANNE STINSON Telephone no. 334-286-5980 1415 EAST SOUTH BOULEVARD Located at MONTGOMERY, AL ZIP + 4 36116-2319		
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)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
c	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		<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 sec. 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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					23,571
g Fees and contracts from government agencies					136,543
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,707	
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			18	-6,712	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISCELLANEOUS					18,998
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	-5	179,112
105 Total (add line 104, columns (B), (D), and (E))					179,107

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).
	See Statement 9

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
N/A	%			
	%			
	%			
	%			

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, 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.

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date **1/18/07** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **ALDRIDGE, BORDEN & COMPANY, PC**
74 COMMERCE STREET
MONTGOMERY, AL 36104

Preparer's SSN or PTIN (See Gen. Instr. W) **P00144835**

EIN _____ Phone no. _____

**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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

LIGHTHOUSE COUNSELING CENTER, INC.

Employer identification number

23-7126914

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) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & 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

<p>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.)</p> <p>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.</p>	1		X
<p>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.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		X
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>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.)</p>	3a		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b		X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c		X
<p>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?</p>	4a		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b		X

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)** section 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.)	2,627,604	1,845,693	1,496,313	1,435,803	7,405,413
16 Membership fees received					0
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					0
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	4,088	1,369	2,083	5,458	12,998
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	8,761	3,531	8,378	14,355	35,025
23 Total of lines 15 through 22	2,640,453	1,850,593	1,506,774	1,455,616	7,453,436
24 Line 23 minus line 17	2,640,453	1,850,593	1,506,774	1,455,616	7,453,436
25 Enter 1% of line 23	26,405	18,506	15,068	14,556	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 149,069
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 7,453,436
d Add: Amounts from column (e) for lines:	18 12,998	19 _____	22 35,025	26b _____	26d 48,023
e Public support (line 26c minus line 26d total)					26e 7,405,413
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.3557%
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:					N/A
(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:					N/A
(2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	21 _____
d Add: Line 27a total _____ and line 27b total _____					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (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)

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

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) **N/A**

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

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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-			
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.) **N/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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines through c 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 through c h.)			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

Employer identification number

LIGHTHOUSE COUNSELING CENTER, INC.

23-7126914

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

LIGHTHOUSE COUNSELING CENTER, INC.

Employer identification number

23-7126914**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>RIVER REGION UNITED WAY</u> <u>P.O. BOX 6135</u> <u>MONTGOMERY</u> <u>AL 36106-0135</u>	\$ <u>100,559</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>U.S. DEPT OF HOUSING AND URBAN DEVEL</u> <u>451 7TH STREET S.W.</u> <u>WASHINGTON</u> <u>DC 20410</u>	\$ <u>635,661</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>AL DEPT OF ECON. AND COMMUN. AFFAIRS</u> <u>P.O. BOX 5690</u> <u>MONTGOMERY</u> <u>AL 36103-5690</u>	\$ <u>136,515</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>ALABAMA STATE DEPT OF PUBLIC HEALTH</u> <u>P.O. BOX 303017</u> <u>MONTGOMERY</u> <u>AL 36103-3017</u>	\$ <u>55,674</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>AL DEPT OF MENTAL HLTH & RETARDATION</u> <u>P.O. BOX 301410</u> <u>MONTGOMERY</u> <u>AL 36130-1410</u>	\$ <u>648,279</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>U.S. DEPT OF HEALTH AND HUMAN SERV.</u> <u>200 INDEPENDENCE AVENUE, S.W.</u> <u>WASHINGTON</u> <u>DC 20201</u>	\$ <u>806,216</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Forms **990 / 990-PF** **Mortgages and Other Notes Payable** **2005**
 For calendar year 2005, or tax year beginning **10/01/05**, and ending **9/30/06**

Name **LIGHTHOUSE COUNSELING CENTER, INC.** Employer Identification Number **23-7126914**

Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) MASON BUILDING	
(2) LONG TERM DEBT - LIGHTHOUSE	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	199,248	192,715
(2)	105,388	91,447
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	304,636	284,162

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Purchase					\$	6,712	\$	\$ -6,712
Total					\$ 0	\$ 6,712	\$ 0	\$ -6,712

Federal Statements**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
CONTRACT SERVICES	487,913	487,049	864	
INSURANCE	85,363	70,127	15,236	
UTILITIES	140,234	136,011	4,223	
PROGRAM CLIENT ASSISTANCE	96,009	96,009		
ADVERTISING	16,026	15,388	638	
MISCELLANEOUS EXPENSES	11,523	2,619	8,904	
BAD DEBT EXPENSE	21,514	21,514		
ORGANIZATIONAL DUES	13,972	12,475	1,497	
RETIREMENT ADMINISTRATION	3,441	3,303	138	
Total	<u>\$ 875,995</u>	<u>\$ 844,495</u>	<u>\$ 31,500</u>	<u>\$ 0</u>

Federal Statements

Statement 3 - Form 990, Part III, Line e - Other Program Services

Description

STANDING TOGETHER AGAINST RAPE - THIS IS A 24-HOUR CRISIS INTERVENTION PROGRAM TO ASSIST SEXUAL ASAULT VICTIMS AND THEIR FAMILIES.

NEW BEGINNINGS - PROVIDES TREATMENT FOR SUBSTANCE ABUSE TO INDIVIDUALS AND FAMILIES.

Federal Statements**Statement 4 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
RENTAL INCOME	\$ 70,914
Total	\$ 70,914

Statement 5 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
LOSS ON DISPOSAL OF ASSETS	\$ -6,712
Total	\$ -6,712

Statement 6 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

Description	Amount
RENTAL EXPENSES	\$ 70,914
Total	\$ 70,914

Statement 7 - Form 990, Part IV-B - Other Expenses Included on Return

Description	Amount
LOSS ON DISPOSAL OF ASSETS	\$ -6,712
Total	\$ -6,712

Federal Statements

Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	Address					
City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses	
JAMES CARMICHAEL						
	PRES. ELECT	0	0	0	0	
DAVID BELSER						
	PRESIDENT	0	0	0	0	
CEIL CHAMPION						
	PAST PRES.	0	0	0	0	
ROBERT SELLS						
	TREASURER	0	0	0	0	
RAMONA BLANKENSHIP						
	SECRETARY	0	0	0	0	
CANDYCE DEKRUYFF						
	EXEC DIRECT	0	57,727	1,732	0	
GRACE BISHOP						
	BOARD MEMBER	0	0	0	0	
ARTHUR BRITTON						
	BOARD MEMBER	0	0	0	0	
SHEDDRED JOHNSON, JR.						
	BOARD MEMBER	0	0	0	0	
MOLLIE ISAACSON						
	BOARD MEMBER	0	0	0	0	
BLANCHIE POWELL						
	BOARD MEMBER	0	0	0	0	

Federal Statements

Statement 9 - Form 990, Part VIII - Relationship of Activities

<u>Line No.</u>	<u>Description</u>
93f	LIGHTHOUSE COUNSELING CENTER SERVES THE SPECIAL NEEDS OF P
93g	PEOPLE COPING WITH TODAY'S COMPLEX SOCIETY. THE CENTER
95	PROVIDES PROBLEM CRISIS COUNSELING; DRUG EDUCATION,
103a	PREVENTION, AND REHABILITATION SERVICES; AND ASSISTS IN OBTAINING SHELTER FOR THE LESS FORTUNATE.