

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

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



ALDRIDGE, BORDEN & COMPANY, PC
74 COMMERCE STREET
MONTGOMERY, AL 36104
334-834-6640

February 8, 2008

CONFIDENTIAL

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

Dear :

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

**ALDRIDGE, BORDEN & COMPANY, PC
74 COMMERCE STREET
MONTGOMERY, AL 36104
334-834-6640**

February 8, 2008

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

For professional services rendered in connection with the preparation of the following tax forms
for year ending 9/30/07.

Amount due \$ 0.00

Filing Instructions

LIGHTHOUSE COUNSELING CENTER, INC.

Exempt Organization Tax Return

Taxable Year Ended September 30, 2007

Date Due: February 15, 2008

Remittance: None is required. Your Form 990 for the tax year ended 9/30/07 shows no balance due. The return should be signed and dated on Page 9 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



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)

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

A For the 2006 calendar year, or tax year beginning 10/01/06, and ending 9/30/07

- B** Check if applicable:
- 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 number
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).

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

G Website: N/A

J Organization type
(check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 1 **2,234,414**

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

		1a	1b	1c	1d	1e
1 Contributions, gifts, grants, and similar amounts received:						
a Contributions to donor advised funds						
b Direct public support (not included on line 1a) 42,150						
c Indirect public support (not included on line 1a) 129,221						
d Government contributions (grants) (not included on line 1a) 1,916,648						
e Total (add lines 1a through 1d) (cash \$ 2,088,019 noncash \$) 2,088,019						
2 Program service revenue including government fees and contracts (from Part VII, line 93) 137,351						
3 Membership dues and assessments						
4 Interest on savings and temporary cash investments 5,334						
5 Dividends and interest from securities						
6a Gross rents						
b Less: rental expenses						
c Net rental income or (loss). Subtract line 6b from line 6a						
7 Other investment income (describe)						
8a Gross amount from sales of assets other than inventory (A) Securities (B) Other						
b Less: cost or other basis and sales expenses 54,738						
c Gain or (loss) (attach schedule) -54,738						
d Net gain or (loss). Combine line 8c, columns (A) and (B) See Stmt 1 -54,738						
9 Special events and activities (attach schedule). If any amount is from gaming, check here						
a Gross revenue (not including contributions reported on line 1b) of						
b Less: direct expenses other than fundraising expenses						
c Net income or (loss) from special events. Subtract line 9b from line 9a						
10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a						
11 Other revenue (from Part VII, line 103) 3,710						
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 2,179,676						
13 Program services (from line 44, column (B)) 2,020,253						
14 Management and general (from line 44, column (C)) 167,967						
15 Fundraising (from line 44, column (D)) 860						
16 Payments to affiliates (attach schedule)						
17 Total expenses. Add lines 16 and 44, column (A) 2,189,080						
18 Excess or (deficit) for the year. Subtract line 17 from line 12 -9,404						
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 1,135,571						
20 Other changes in net assets or fund balances (attach explanation)						
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 1,126,167						

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (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 schedule) See Statement 2	25a	57,735	46,188	11,547
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) See Statement 3	25b	6,933	5,546	1,387
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	762,090	736,922	25,168
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	155,339	142,639	12,700
29 Payroll taxes	29	67,357	67,357	
30 Professional fundraising fees	30			
31 Accounting fees	31	19,720	19,720	
32 Legal fees	32			
33 Supplies	33	44,489	37,847	5,782
34 Telephone	34	55,093	50,106	4,987
35 Postage and shipping	35	3,117	3,070	47
36 Occupancy	36	264,260	264,260	
37 Equipment rental and maintenance	37	56,607	46,913	9,694
38 Printing and publications	38	5,226	5,014	212
39 Travel	39	44,561	35,760	8,801
40 Conferences, conventions, and meetings	40	14,948	8,261	6,687
41 Interest	41	22,246	4,682	17,564
42 Depreciation, depletion, etc. (attach schedule)	42	68,877	56,273	12,604
43 Other expenses not covered above (itemize):				
a See Statement 4	43a	540,482	489,695	50,787
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	2,189,080	2,020,253	167,967
				860

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

a CHEMICAL DEPENDENCY RECOVERY PROGRAM

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

522,720

b HOUSING AND URBAN DEVELOPMENT PROGRAM

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

703,487

c KALEIDOSCOPE PROGRAM

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

40,520

d PREVENTION PROGRAM

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

87,968

e Other program services (attach schedule) See Stmt 5

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

665,558

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

2,020,253

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	113,465	45	222,074	
	46	Savings and temporary cash investments	183,422	46	154,302	
	47a	Accounts receivable	5,204			
	b	Less: allowance for doubtful accounts	6,450	47c	5,204	
	48a	Pledges receivable				
	b	Less: allowance for doubtful accounts		48c		
	49	Grants receivable	370,936	49	296,947	
	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) (att. schedule)		50b		
	51a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts		51c		
	52	Inventories for sale or use		52		
	53	Prepaid expenses and deferred charges	31,690	53	23,089	
	54a	Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55a	Investments-land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach schedule)		55c		
	56	Investments-other (attach schedule)		56		
	57a	Land, buildings, and equipment: basis	1,160,259			
	b	Less: accumulated depreciation (attach schedule) See Statement 6	397,053	840,478	57c	763,206
58	Other assets, including program-related investments (describe See Statement 7)	450	58	2,000		
59	Total assets (must equal line 74). Add lines 45 through 58	1,546,891	59	1,466,822		
Liabilities	60	Accounts payable and accrued expenses	127,158	60	78,089	
	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	284,162	64b	262,566	
	65	Other liabilities (describe)		65		
66	Total liabilities. Add lines 60 through 65	411,320	66	340,655		
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	933,010	67	928,729	
	68	Temporarily restricted	202,561	68	197,438	
	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)	1,135,571	73	1,126,167		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	1,546,891	74	1,466,822		

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?		N / A
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
88a	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
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		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 under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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
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, 2006 (See instructions.)		90b
91a	The books are in care of CARIANNE STINSON 1415 EAST SOUTH BOULEVARD Located at MONTGOMERY, AL	Telephone no. 334-286-5980	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)? 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 At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No **X**
 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 _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					10,909
g Fees and contracts from government agencies					126,442
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,334	
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	-54,738	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISCELLANEOUS					3,710
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		-49,404	141,061
105 Total (add line 104, columns (B), (D), and (E))					91,657

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).
	See Statement 13

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 **X**
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No **X**

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
		<input checked="" type="checkbox"/>

(A) Name, address, of each controlled entity	(B) Employer ID 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
		<input checked="" type="checkbox"/>

(A) Name, address, of each controlled entity	(B) Employer ID 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

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	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) P00144835
	Firm's name (or yours if self-employed), address, and ZIP + 4 	ALDRIDGE, BORDEN & COMPANY, PC 74 COMMERCE STREET MONTGOMERY, AL 36104		EIN ▶ 63-0781330 Phone no. ▶ 334-834-6640

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>	1		X
<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>			
<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) See Part V-A, Form 990</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>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.)</p>	3a		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>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</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year</p>	▶ _____		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p>	▶ _____		
<p>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</p>	▶ _____ 0		
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</p>	▶ _____ 0		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the 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.)
- 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 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 Intergrated
 - Type III-Other

Provide the following information about the supported organizations. (See page 7 of the 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 page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,565,118	2,627,604	1,845,693	1,496,313	8,534,728
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	6,707	4,088	1,369	2,083	14,247
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 Stmt 14	12,286	8,761	3,531	8,378	32,956
23 Total of lines 15 through 22	2,584,111	2,640,453	1,850,593	1,506,774	8,581,931
24 Line 23 minus line 17	2,584,111	2,640,453	1,850,593	1,506,774	8,581,931
25 Enter 1% of line 23	25,841	26,405	18,506	15,068	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	171,639
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	8,581,931
d Add: Amounts from column (e) for lines: 18 <u>14,247</u> 19 _____ 22 <u>32,956</u> 26b _____	26d	47,203
e Public support (line 26c minus line 26d total)	26e	8,534,728
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.4500%

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) _____	N/A	
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) _____	N/A	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f	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 page 9 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:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
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 10 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

Table with 3 columns: Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44 include total lobbying expenditures, exempt purpose expenditures, and nontaxable amounts.

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 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows 45-50 include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, and grassroots nontaxable amount.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include attempts to influence legislation through various means like volunteers, staff, media, mailings, publications, grants, and direct contact.

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

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

2006

Name of organization	Employer identification number
LIGHTHOUSE COUNSELING CENTER, INC.	23-7126914

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), 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).

Name of organization LIGHTHOUSE COUNSELING CENTER, INC.	Employer identification number 23-7126914
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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 AL 36106-0135</u>	\$ <u>129,221</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 & URBAN DEVELOP</u> <u>451 7TH STREET S.W.</u> <u>WASHINGTON DC 20410</u>	\$ <u>716,298</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 & COMMUNITY AFFAIRS</u> <u>P.O. BOX 5690</u> <u>MONTGOMERY AL 36103-5690</u>	\$ <u>115,548</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 AL 36103-3017</u>	\$ <u>52,197</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 AL 36130-1410</u>	\$ <u>640,768</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 & HUMAN SERVICES</u> <u>200 INDEPENDENCE AVENUE, S.W.</u> <u>WASHINGTON DC 20201</u>	\$ <u>391,837</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****2006**For calendar year 2006, or tax year beginning **10/01/06**, and ending **9/30/07**

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)	192,715	185,708
(2)	91,447	76,858
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	284,162	262,566

Federal Statements

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

<u>Desc</u>		<u>Date</u>	<u>Date</u>	<u>Sale</u>	<u>Cost &</u>	<u>Deprec</u>	<u>Gain/</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Price</u>	<u>Expense</u>		<u>-Loss</u>
<u>Rec'd</u>	<u>Sold</u>						
Purchase				\$	\$ 54,738	\$	\$ -54,738
Total				\$	\$ 54,738	\$	\$ -54,738

Federal Statements**Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
Compensation	46,188	11,547	
Total	<u>\$ 46,188</u>	<u>\$ 11,547</u>	<u>\$ 0</u>

Statement 3 - Form 990, Part II, Line 25b - Compensation of Former Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
Compensation	5,546	1,387	
Total	<u>\$ 5,546</u>	<u>\$ 1,387</u>	<u>\$ 0</u>

Federal Statements**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
CONTRACT SERVICES	234,110	222,611	11,499	
INSURANCE	78,827	61,131	17,696	
UTILITIES	111,302	102,071	9,231	
PROGRAM CLIENT ASSISTANCE	41,355	41,355		
ADVERTISING	9,849	9,849		
MISCELLANEOUS EXPENSES	17,356	7,441	9,915	
BAD DEBT EXPENSE	31,860	31,277	583	
ORGANIZATIONAL DUES	12,383	10,805	1,578	
RETIREMENT ADMINISTRATION	3,440	3,155	285	
Total	<u>\$ 540,482</u>	<u>\$ 489,695</u>	<u>\$ 50,787</u>	<u>\$ 0</u>

Federal Statements

Statement 5 - Form 990, Part III, Line e - Other Program Services

Description

STANDING TOGETHER AGAINST RAPE
NEW BEGINNINGS

Federal Statements**Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
FIXED ASSETS AND ACCUMULATED DEPR.	\$ 1,171,922	\$ 408,351	\$ 1,083,352	\$ 397,053
LAND	76,907		76,907	
Total	<u>\$ 1,248,829</u>	<u>\$ 408,351</u>	<u>\$ 1,160,259</u>	<u>\$ 397,053</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 450	\$ 2,000
Total	<u>\$ 450</u>	<u>\$ 2,000</u>

Federal Statements**Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
RENTAL INCOME	\$ 62,416
Total	\$ 62,416

Statement 9 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
LOSS ON DISPOSAL OF ASSETS	\$ -54,738
Total	\$ -54,738

Statement 10 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
RENTAL EXPENSES	\$ 62,416
Total	\$ 62,416

Statement 11 - Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
LOSS ON DISPOSAL OF ASSETS	\$ -54,738
Total	\$ -54,738

Federal Statements**Statement 12 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JAMES CARMICHAEL	PRESIDENT	0	0	0	0
DAVID BELSER	PAST PRES.	0	0	0	0
CEIL CHAMPION	SECRETARY	0	0	0	0
ROBERT SELLS	PRES. ELECT	0	0	0	0
RAMONA BLANKENSHIP	TREASURER	0	0	0	0
CANDYCE DEKRUYFF	PAST DIRECT	0	6,933	0	0
DOUG LINDLEY	EXEC. DIRECT	0	57,735	0	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
KELLY COCHRAN	BOARD MEMBER	0	0	0	0
NICK SEBASTIAN	BOARD MEMBER	0	0	0	0
JOHATHAN YARBORO	BOARD MEMBER	0	0	0	0

Federal Statements**Statement 13 - 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.

Federal Statements**Statement 14 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
OTHER INCOME	\$ <u>12,286</u>	\$ <u>8,761</u>	\$ <u>3,531</u>	\$ <u>8,378</u>
Total	\$ <u><u>12,286</u></u>	\$ <u><u>8,761</u></u>	\$ <u><u>3,531</u></u>	\$ <u><u>8,378</u></u>