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## 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

, and ending

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  
**Christian Service Centers, of Covington County, Inc.**

Number and street (or P O box if mail is not delivered to street address)  
**403 South Three Notch Street**

Room/suite

City or town, state or country, and ZIP + 4

**Andalusia AL 36420**

D Employer identification number  
**20-3056007**

E Telephone number  
**334-222-3840**

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 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?

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling?

 Yes  No

I Group Exemption Number ►

M Check ►  if the organization is not required to attach 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  527K 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 returnL Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► **238,352**

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

1 Contributions, gifts, grants, and similar amounts received  
 a Contributions to donor advised funds  
 b Direct public support (not included on line 1a)  
 c Indirect public support (not included on line 1a)  
 d Government contributions (grants) (not included on line 1a)  
 e Total (add lines 1a through 1d) (cash \$ **898** noncash \$ **898**)

2 Program service revenue including government fees and contracts (from Part VII, line 93) *125,762*

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

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

8b Less: cost or other basis and sales expenses

8c Gain or (loss) (attach schedule)

8d Net gain or (loss). Combine line 8c, columns (A) and (B)

9 Special events and activities (attach schedule) If any amount is from gaming, check here ►

9a Gross revenue (not including \$ **21** of contributions reported on line 1b)

9b Less: direct expenses other than fundraising expenses

9c Net income or (loss) from special events. Subtract line 9b from line 9a

10a Gross sales of inventory, less returns and allowances

10b Less: cost of goods sold

10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103)

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 **238,352**

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A) **211,547**

18 Excess or (deficit) for the year. Subtract line 17 from line 12 **-1,977**

19 Net assets or fund balances at beginning of year (from line 73, column (A)) **47,925**

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 **45,948**

## **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.)

**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?

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

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.)		
<b>a</b> <b>The Christian Service Centers earns revenue through its thrift stores by selling donated items of clothing, household furnishings, and miscellaneous items. This allows the corporation to provide assistance to needy individuals, families, and other worthy organizations with similar missions.</b>	(Grants and allocations \$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/> <b>125,483</b>
<b>b</b> <b>The Christian Service Centers accepts food and/or monetary donations which it uses to aide needy individuals, families, and other worthy organizations with similar missions.</b>	(Grants and allocations \$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/> <b>13,064</b>
<b>c</b> <b>The Christian Service Centers provides disaster relief to needy individuals, families, and other worthy organizations with similiar missions.</b>	(Grants and allocations \$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/>
<b>d</b> <b>The Christian Service Center provides christian counseling for needy individuals and families.</b>	(Grants and allocations \$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/> <b>8,000</b>
<b>e</b> Other program services (attach schedule) <b>See Stmt 3</b>	(Grants and allocations \$ <b>65,000</b> )	If this amount includes foreign grants, check here ► <input type="checkbox"/> <b>65,000</b>
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)		<b>211,547</b>

Form 990 (2006)

## Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
45	Cash-non-interest-bearing	60,551	45	
46	Savings and temporary cash investments		46	54,018
47a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b		47c
48a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b		48c
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b		51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	
54a	Investments—publicly-traded securities	► Cost	FMV	54a
b	Investments—other securities (attach schedule)	► Cost	FMV	54b
55a	Investments—land, buildings, and equipment basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b		55c
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a		
b	Less accumulated depreciation (attach schedule)	57b		57c
58	Other assets, including program-related investments (describe ►)		58	
59	<b>Total assets (must equal line 74) Add lines 45 through 58</b>	60,551	59	54,018
60	Accounts payable and accrued expenses	12,626	60	8,070
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)		64b	
65	Other liabilities (describe ►)		65	
66	<b>Total liabilities. Add lines 60 through 65</b>	12,626	66	8,070
Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	47,925	67	45,948
68	Temporarily restricted		68	
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	<b>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)</b>	47,925	73	45,948
74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73</b>	60,551	74	54,018

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

a	Total revenue, gains, and other support per audited financial statements	a	238,352
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	238,352
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	238,352

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

a	Total expenses and losses per audited financial statements	a	240,329
b	Amounts included on line a but not Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	240,329
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	240,329

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Bobby Jackson 403 South Three Notch St.	Andalusia AL 36420 Moderator 2	0	0	0
Kitty Wyatt 403 South Three Notch St.	Andalusia AL 36420 Secretary 2	0	0	0
Danny Bess 403 South Three Notch St.	Andalusia AL 36420 Treasurer 2	0	0	0
Foster Weed 403 South Three Notch St.	Andalusia AL 36420 Director .25	0	0	0
Barry Wilkinson 403 South Three Notch St.	Andalusia AL 36420 Director .25	0	0	0
Douglas Wilson 403 South Three Notch St.	Andalusia AL 36420 Director .25	0	0	0
Delmar Wiggins 403 South Three Notch St.	Andalusia AL 36420 Director .25	0	0	0
Missy Zessin 403 South Three Notch St.	Andalusia AL 36420 Director .25	0	0	0
Joyce Sighter 403 South Three Notch St.	Andalusia AL 36420 Director .25	0	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. ► 9

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75b  **X**

1100

— 72 —

75d X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

**Part VI Other Information (See the instructions.)**

**Yes** **No**

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization ► **Covington Baptist Ass** and check whether it is  exempt

81a Enter direct and indirect political expenditures. (See line 81 instructions )

b Did the organization file **Form 1120-POL** for this year?

## Covington Baptist Association

and check whether it is  exempt or  nonexempt

**81a** Enter direct and indirect political expenditures. (See line 81 instructions.)

181a

**b** Did the organization file Form 1120-POL for this year?

N/

Form 990 (2006)

## 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?	82a	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)	See Stmt 4	82b   240,000
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	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?	N/A	
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?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
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	88a	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	88b	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	89b	X
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		
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?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	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?	89g	X
90a	List the states with which a copy of this return is filed ► AL	90b	2
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	Telephone no. ► 334-222-3840	
91a	The books are in care of ► Danny Bess 403 South Three Notch St.	ZIP + 4 ► 36420	
	Located at ► Andalusia, AL		
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)?	91b	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		



## 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
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

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	Phillip G. Jones, P.A., E.A.	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Instr X)
Firm's name (or yours if self-employed), address, and ZIP + 4	Jones & Associates, P. C. P O Box 990 Andalusia, AL 36420	EIN		P00924516 63-0990430
		Phone no		334-222-3138

Form 990 (2006)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**  
**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),**  
**or 4947(a)(1) Nonexempt Charitable Trust**

OMB No 1545-0047

**2006****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

**Christian Service Centers, of****Covington County, Inc.**Employer identification number  
**20-3056007****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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	►	

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

Schedule A (Form 990 or 990-EZ) 2006

**Part III Statements About Activities (See page 2 of the instructions.)**

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B )	1	<input checked="" type="checkbox"/>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?	2a	<input checked="" type="checkbox"/>
b	Lending of money or other extension of credit?	2b	<input checked="" type="checkbox"/>
c	Furnishing of goods, services, or facilities?	2c	<input checked="" type="checkbox"/>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<input checked="" type="checkbox"/>
e	Transfer of any part of its income or assets?	2e	<input checked="" type="checkbox"/>
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a	<input checked="" type="checkbox"/>
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	<input checked="" type="checkbox"/>
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	<input checked="" type="checkbox"/>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	<input checked="" type="checkbox"/>
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	<input checked="" type="checkbox"/>
b	Did the organization make any taxable distributions under section 4966?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		0

**Part IV** **Reason for Non-Private Foundation Status** (See 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 Integrated       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
<b>Total</b>				►

**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)					0
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					0
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					0
23 Total of lines 15 through 22					0
24 Line 23 minus line 17					0
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				► 26a 0
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. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					► 26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					► 26c
d Add. Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					► 26d
e Public support (line 26c minus line 26d total)					► 26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					► 26f %
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2005) 0 (2004) 0 (2003) 0 (2002) 0				0
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 <b>larger</b> 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) <b>Do not file this list with your return.</b> 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) 0 (2004) 0 (2003) 0 (2002) 0	0				
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				► 27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					► 27h %
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. <b>Do not file this list with your return.</b> 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)**

		<b>N/A</b>	<b>Yes</b>	<b>No</b>
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?  If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement )	31		
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?  If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		



**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of.

- (i) Cash
- (ii) Other assets

Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

If IP6 - "true" to the following conditions:

►  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

## Federal Statements

Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	NonCash Contrib	Book Value	BV Expltn	FMV Expltn
Covington Baptist Association 18350 US Hwy 84 Andalusia AL 36420	6/20/06	\$ 65,000	\$					
Total		\$ 65,000	\$ 0			\$ 0		

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
Expenses				
Maintenance & Renovation	15,914	15,914		
Facilities Maintenance Dir.	1,920		1,920	
Pest Control	651		651	
Worksman Comp. Ins.	380	228	152	
Equipment	1,360	1,360		
Licenses, Fees, Dues	198		198	
Food/Household, Pickup/Delive	13,064	13,064		
Counselor Expense	8,000	8,000		
Total	\$ 41,487	\$ 38,566	\$ 2,921	\$ 0

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

The Christian Service makes donations to other christian organizations with similar missions.

**Federal Statements****Statement 4 - Form 990, Part VI, Line 82b - Donated Services**

Description	Amount
Value of donated items	\$ 240,000
Total	\$ 240,000

**Statement 5 - Form 990, Part VIII - Relationship of Activities****Line No.****Description**

The Corporation has been organized to transact any and all lawful business for which nonprofit corporations may be incorporated under the laws of the State of Alabama for specifically charitable, eleemosynary, and religious purposes in accordance with Code of Alabama, Section 10-3A-4(a). The primary activity of the Corporation shall be to provide food and clothing to those in need and to operate thrift stores known as Christian Service Centers in the cities of Andalusia, Opp, and Florala in Covington County, Alabama.

**Federal Statements****Form 990, Part I, Line 1b - Direct Public Support**

Description	Cash	Noncash	Total
Public Donations for (Disaster Relief)	\$ 898	\$ 0	\$ 898
Total	<u>\$ 898</u>	<u>\$ 0</u>	<u>\$ 898</u>