

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)

2002

Open to Public Inspection

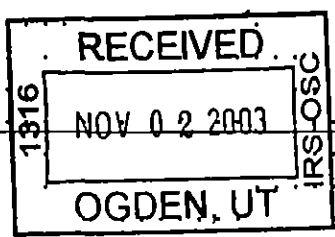
Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 07-01, 2002, and ending 06-30, 2003											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="font-size: small; vertical-align: top;">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization LIGHTHOUSE COMMUNITIES, INC</td> <td>D Employer identification number 38-3537915</td> </tr> <tr> <td>Number and street (or P O box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>E Telephone number (616) 451-9140</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 GRAND RAPIDS, MI 49507</td> <td>F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LIGHTHOUSE COMMUNITIES, INC		D Employer identification number 38-3537915	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (616) 451-9140	City or town, state or country, and ZIP + 4 GRAND RAPIDS, MI 49507		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).											
Hand I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes" enter number of affiliates ▶ H(c) Are all affiliates included? (If "No" attach a list. See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No I Enter 4-digit GEN ▶ M Check <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)											
G Website: ▶											
J Organization type (check only one) <input checked="" type="checkbox"/> 501(c)3 () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
K Check here <input type="checkbox"/> 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 received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.											
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,745,308											

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	290,975	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	1,358,107	
d	Total (add lines 1a through 1c) (cash \$ 1,649,082 noncash \$)	1d		1,649,082
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		96,009
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		217
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		
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		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d				
9	Special events and activities (attach schedule)			
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		
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		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,745,308
13	Program services (from line 44, column (B))	13		522,210
14	Management and general (from line 44, column (C))	14		35,014
15	Fundraising (from line 44, column (D))	15		10,082
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17		567,306
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,178,002
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		520,515
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		1,698,517



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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 page 21 of 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 \$ <u>45,217</u> noncash \$ _____) . . .	22 45,217	45,217		
23	Specific assistance to individuals (attach schedule) . . .	23			
24	Benefits paid to or for members (attach schedule) . . .	24			
25	Compensation of officers, directors, etc . . .	25			
26	Other salaries and wages	26 115,938	89,852	21,680	4,406
27	Pension plan contributions	27			
28	Other employee benefits	28 14,218	11,019	2,659	540
29	Payroll taxes	29 8,166	6,329	1,527	310
30	Professional fundraising fees	30			
31	Accounting fees	31 7,805	2,602	2,602	2,601
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 4,749	3,562	950	237
35	Postage and shipping	35 693	555	69	69
36	Occupancy	36 3,980	2,985	796	199
37	Equipment rental and maintenance	37			
38	Printing and publications	38 278	278		
39	Travel	39 2,390	1,434	478	478
40	Conferences, conventions, and meetings	40 4,006	4,006		
41	Interest	41 37,700	37,700		
42	Depreciation, depletion, etc (attach schedule)	42 38,757	37,029	1,382	346
43	Other expenses not covered above (itemize) a _____	43a			
	b SEE SCHEDULE	43b 283,409	279,642	2,871	896
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 567,306	522,210	35,014	10,082

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 page 24 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE BELOW	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a PROVIDES RENTAL AND OWNER OCCUPIED REHABILITATED HOUSING, LEAD PAINT REMOVAL AND HEALTHY NEIGHBORHOOD INITIATIVE FOR INDIVIDUALS WITH LOW INCOMES. (Grants and allocations \$ _____)	522,210
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	522,210

Part IV Balance Sheets (See page 24 of the instructions)

				(A)		(B)
				Beginning of year		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		21,253	45	216,457
	46	Savings and temporary cash investments			46	
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable		209,790	49	730,676
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
A	51 a	Other notes and loans receivable (attach schedule)	51a	984		
s	b	Less allowance for doubtful accounts	51b		51c	984
e	52	Inventories for sale or use			52	442,337
t	53	Prepaid expenses and deferred charges			53	
s	54	Investments - securities (attach schedule)			54	
	55 a	Investments - land, buildings and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments - other (attach schedule)			56	
	57 a	Land, buildings and equipment basis	57a	1,226,364		
	b	Less accumulated depreciation (attach schedule)	57b	50,464	57c	1,175,900
	58	Other assets (describe)		751,208	58	
	59	Total assets (add lines 45 through 58) (must equal line 74)		982,722	59	2,566,354
L	60	Accounts payable and accrued expenses		200,042	60	269,067
i	61	Grants payable			61	
a	62	Deferred revenue			62	
b	63	Loans from officers, directors, trustees and key employees (attach schedule)			63	
i	64 a	Tax-exempt bond liabilities (attach schedule)			64a	
t	b	Mortgages and other notes payable (attach schedule)		262,165	64b	598,770
i	65	Other liabilities (describe)			65	
e	66	Total liabilities (add lines 60 through 65)		462,207	66	867,837
s						
		Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
N	67	Unrestricted		520,515	67	1,022,098
e	68	Temporarily restricted			68	676,419
u	69	Permanently restricted			69	
n		Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
A	70	Capital stock, trust principal, or current funds			70	
s	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
B	72	Retained earnings, endowment, accumulated income, or other funds			72	
s	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)		520,515	73	1,698,517
e	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		982,722	74	2,566,354

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.

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76	X
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	77	X
78a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b	If "Yes" enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
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)	82b	
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?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4) (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a	
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	85b	
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?	85g	
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?	85h	
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	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> section 4912 <input type="checkbox"/> section 4955 <input type="checkbox"/>		
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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed <input checked="" type="checkbox"/> MICHIGAN		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	2
91	The books are in care of <input checked="" type="checkbox"/> JEREMY DE ROO Telephone no <input checked="" type="checkbox"/> 616-451-9140 Located at <input checked="" type="checkbox"/> 1422 MADISON SE, GRAND RAPIDS MI ZIP + 4 <input checked="" type="checkbox"/> 49507		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a RENTAL INCOME					96,009
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	217	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B) (D) and (E))				217	96,009
105 Total (add line 104, columns (B), (D), and (E))					96,226

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 page 32 of 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)
93A	RENTAL INCOME FROM RENTING HOUSING TO LOW INCOME INDIVIDUALS-- THE ORGANIZATIONS EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of 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)

Under penalties of perjury I declare that I have examined this return and believe it is true correct and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer after reasonable verification.

Please Sign Here

Signature of officer: *Jeremy DeRoo*

Type or print name and title: Jeremy DeRoo

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed) address and ZIP + 4: GOODLANDER & CO., 3601 PLAINFIELD AV GRAND RAPIDS MI

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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

LIGHTHOUSE COMMUNITIES, INC

Employer identification number

38-3537915

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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

1

Part II 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 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) 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.		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	511,368				511,368
16 Membership fees received					
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	37,256				37,256
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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	102,673				102,673
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	651,297				651,297
24 Line 23 minus line 17	614,041				614,041
25 Enter 1% of line 23	6,513				
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (c) line 24 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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. c Total support for section 509(a)(1) test. Enter line 24, column (e). d Add amounts from column (e) for lines 18, 19, 22, and 26b. e Public support (line 26c minus line 26d total). f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).				26a 12,281 26b 102,673 26c 614,041 26d 102,673 26e 511,368 26f 83.28%
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: (2001) _____ (2000) _____ (1999) _____ (1998) _____ 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 11, 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: (2001) _____ (2000) _____ (1999) _____ (1998) _____ c Add amounts from column (e) for lines 15, 16, 17, 20, and 21. d Add line 27a total and line 27b total. e Public support (line 27c total minus line 27d total). f Total support for section 509(a)(2) test. Enter amount from line 23, column (e). g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).				27c _____ 27d _____ 27e _____ 27f _____ 27g _____ % 27h _____ %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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)

		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?		
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?		
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)		
<hr/>			
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)			
<hr/>			
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)			
<hr/>			
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 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)

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- The lobbying nontaxable amount 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 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	41	
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			

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

Depreciation Detail Listing

2002

MANAGEMENT & GENERAL - 1

PAGE 1

For your records only

Name(s) as shown on return

Social security number/EIN

LIGHTHOUSE COMMUNITIES, INC

38-3537915

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	AMT Method	AMT Life	AMT Current
1	1300 MARSHALL BLDG CO	20010912	52,246		100 00		52,246	25	SL MM	4	2,090	3,919				1,306
2	1300 MARSHALL IMPROVE	20011029	1,371		100 00		1,371	25	SL MM	4	55	98				34
3	1321 EWING BLDG COST	20010912	34,940		100 00		34,940	25	SL MM	4	1,398	2,621				874
4	1321 EWING IMPROVEMEN	20020515	94,101		100 00		94,101	25	SL MM	4	3,764	4,548				2,353
5	1405/07 LAFAYETTE BLD	20010815	42,466		100 00		42,466	25	SL MM	4	1,699	3,327				1,062
6	1648 MADISON BLDG COS	20010912	42,891		100 00		42,891	25	SL MM	4	1,716	3,217				1,072
7	1648 MADISON IMPROVEM	20020515	135,370		100 00		135,370	25	SL MM	4	5,415	6,543				3,384
8	1654 MADISON BLDG COS	20010912	41,690		100 00		41,690	25	SL MM	4	1,668	3,127				1,042
9	918 EASTERN BLDG COST	20010912	24,466		100 00		24,466	25	SL MM	4	979	1,835				612
10	918 EASTERN IMPROVEME	20020520	8,613		100 00		8,613	25	SL MM	4	345	417				215
11	1422 MADISON OFFICE I	20020801	55,914		100 00		55,914	30	SL MM	2 917	1,631	1,631				1,223
12	PURCHASED COMPUTER EQ	20020115	5,674		100 00		5,674	5	SL HY	20	1,135	1,844				1,135
13	1654 MADISON IMPROVEM	20020624	104,901		100 00		104,901	25	SL MM	4	4,196	4,671				2,623
14	409 OAKDALE BUILDING	20020922	36,993		100 00		36,993	25	SL MM	3 167	1,172	1,172				732
15	409 OAKDALE IMPROVEME	20030505	1,092		100 00		1,092	25	SL MM	5	5	5				3
16	409 OAKDALE LAND COST	20020922	4,110	4,110	100 00		0	0	200 DB HY	33 33						
17	739 OAKDALE BUILDING	20021209	67,500		100 00		67,500	25	SL MM	2 167	1,463	1,463				914
18	739 OAKDALE LAND COST	20021209	7,500	7,500	100 00		0	0	200 DB HY	33 33						
19	918 EASTERN IMPROVEME	20030505	15,747		100 00		15,747	25	SL MM	5	79	79				49
20	955 HANCOCK BUILDING	20030213	62,279		100 00		62,279	25	SL MM	1 5	934	934				584
21	955 HANCOCK LAND COST	20030213	7,000	7,000	100 00		0	0	200 DB HY	33 33						
22	955 HANCOCK STOVE & F	20030213	587		100 00		587	12	SL HY	4 167	24	24				24
23	1201 PROSPECT BUILDIN	20021203	54,365		100 00		54,365	25	SL MM	2 167	1,178	1,178				736
24	1201 PROSPECT LAND CO	20021203	5,900	5,900	100 00		0	0	200 DB HY	33 33						
25	1201 PROSPECT IMPROVE	20030210	1,334		100 00		1,334	25	SL MM	1 5	20	20				12
26	1300 MARSHALL IMPROVE	20030320	106,280		100 00		106,280	25	SL MM	1 167	1,240	1,240				775
27	1405/07 LAFAYETTE IMP	20030408	10,888		100 00		10,888	25	SL MM	833	91	91				57
28	1654 MADISON IMPROVEM	20020901	32,415		100 00		32,415	25	SL MM	3 167	1,027	1,027				641
29	1422 MADISON IMPROVEM	20021215	20,457		100 00		20,457	25	SL MM	2 167	443	443				277
30	5/3 DONATED OFFICE EQ	20021007	18,000		100 00		18,000	10	SL HY	5	900	900				900

Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

2002

PAGE 2

Name(s) as shown on return

Social security number/EIN

LIGHTHOUSE COMMUNITIES, INC

38-3537915

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	AMT Method	AMT Life	AMT Current
31	1422 MADISON BUILDING	20020901	97,673		100 00		97,673	30	SL MM	2 639	2,578	2,578				1,933
32	1422 MADISON LAND COS	20020901	5,000	5,000	100 00		0 0		200 DB HY	33 33						
33	1300 MARSHALL LAND CO	20010912	5,500	5,500	100 00		0 0		200 DB HY	44 45						
34	1321 EWING LAND COST	20010912	3,800	3,800	100 00		0 0		200 DB HY	44 45						
35	1405/07 LAFAYETTE LAN	20010815	4,600	4,600	100 00		0 0		200 DB HY	44 45						
36	1654 MADISON LAND COS	20010912	4,600	4,600	100 00		0 0		200 DB HY	44 45						
37	918 EASTERN LAND COST	20010912	2,600	2,600	100 00		0 0		200 DB HY	44 45						
Totals			1,220,863	50 610			1,170 253				37,245	48,952				24,572

Form 990 - Part V

List of Officers, Directors, Trustees, and Key Employees

LIGHTHOUSE COMMUNITIES, INC		38-3537915		
(A)	Title and	(C)	(D)	(E)
Name and address	Average Hrs	Compensation	Contrib	Expense
TIM VANDER KODDE	PRESIDENT			
927 ADAMS SE, GRAND RAPIDS MI	1	0	0	0
JAMES JONES	VICE-PRESIDENT			
961 TEMPLE SE, GRAND RAPIDS MI	1	0	0	0
SANDRA HARDY	TREASURER			
2248 GODWIN AVE, GRAND RAPIDS	1	0	0	0
JOHN COLLINS	SECRETARY			
311 BURTON SW, GRAND RAPIDS MI	1	0	0	0
DAVID ALLEN	EXEC.DIRECTOR			
1422 MADISON AVE, GRAND RAPIDS	40	53,250	0	0
BRUCE JOHNSON	BOARD MEMBER			
515 OAKDALE SE, GRAND RAPIDS MI		0	0	0
TIM STRASZ	BOARD MEMBER			
124 WEST ALLEGAN, LANSING MI		0	0	0
BRIDGETTE MAYS	BOARD MEMBER			
124 WEST ALLEGAN, LANSING MI		0	0	0
JAYSON OTTO	BOARD MEMBER			
40 HOLLAND NE, GRAND RAPIDS MI		0	0	0
RON EBERHARDT	BOARD MEMBER			
WEALTHY SE, GRAND RAPIDS MI		0	0	0
DAREL ROSS	BOARD MEMBER			
1606 FULLER SE, GRAND RAPIDS MI		0	0	0
DEE LUCAS	BOARD MEMBER			
907 BAXTER SE, GRAND RAPIDS MI		0	0	0
LAVONNE ZWART	BOARD MEMBER			
940 ADAMS SE, GRAND RAPIDS MI		0	0	0
BILL WHITE	BOARD MEMBER			
1408 MADISON SE, GRAND RAPIDS M		0	0	0

FORM 4562 - LINE 19I

STATEMENT 50

DATE	COST	DEDUCTION
082002	55,914	1,631
092002	97,673	2,578
TOTALS		4,209

SCHEDULE FOR STATEMENT OF FUNCTIONAL EXPENSES

PAGE 2--LINE 22

Grants were to neighborhood associations in the area within the City of Grand Rapids served by the Organization to facilitate providing affordable quality housing to low and moderate income individuals \$45,217

PAGE 2--LINE 43

	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>
Maintaining & operating rental properties	44,453	44,453		
Program costs for housing, acquisition, development and resale	7,320	7,320		
Lead hazard remediation contractor cost	200,505	200,505		
Insurance	9,258	8,702	463	93
Promotions & special even	1,829	1,829		
Bank fees	12,018	12,018		
Office expense	8,026	4,815	2,408	803
Total	<u>\$283,409</u>	<u>\$279,642</u>	<u>\$2,871</u>	<u>\$896</u>