

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)

2004

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning 07-01, 2004, and ending 06-30, 2005

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization: LIGHTHOUSE COMMUNITIES, INC
D Employer identification number: 38-3537915
E Telephone number: (616) 451-9140
F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H(a) Is this a group return for affiliates? No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? No
H(d) Is this a separate return filed by an organization covered by a group ruling? No

G Website:

J Organization type (check only one) 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

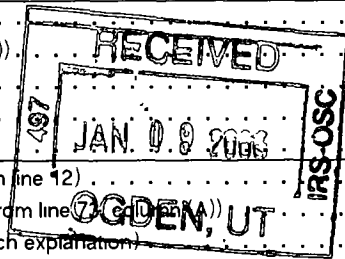
In the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,325,510

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows detailing revenue and expenses. Total revenue: 2,320,402. Total expenses: 2,506,322. Net assets at end of year: 3,919,228.



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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 22 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 \$ _____ noncash \$ _____)	22			
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	335,630	260,148	67,934
27	Pension plan contributions	27			
28	Other employee benefits	28	30,337	24,108	5,606
29	Payroll taxes	29	26,171	7,253	17,026
30	Professional fundraising fees	30			
31	Accounting fees	31	10,334	7,750	2,067
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	11,563	8,672	2,313
35	Postage and shipping	35	1,990	1,492	398
36	Occupancy	36	6,156	4,617	1,231
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	6,115	4,586	1,223
40	Conferences, conventions, and meetings	40	7,656	1,531	4,977
41	Interest	41	83,609	76,945	6,664
42	Depreciation, depletion, etc (attach schedule)	42	89,248	77,031	9,163
43	Other expenses not covered above (itemize) a _____	43a			
b	SEE SCHEDULE	43b	1,897,513	1,891,168	5,076
c	_____	43c			
d	_____	43d			
e	_____	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43) <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	2,506,322	2,365,301	123,678

**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 25 of the instructions)

What is the organization's primary exempt purpose? <b>SEE BELOW</b>	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 \$ _____)	2,365,301
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	2,365,301

**Part IV Balance Sheets** (See page 25 of the instructions)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required attached schedules and amounts within the description column should be for end-of-year amounts only						
	45	Cash - non-interest-bearing . . . . .		416,904	45	188,888
	46	Savings and temporary cash investments . . . . .			46	
	47 a	Accounts receivable . . . . .	47a 152,721			
	b	Less allowance for doubtful accounts . . . . .	47b		47c	152,721
	48 a	Pledges receivable . . . . .	48a			
	b	Less allowance for doubtful accounts . . . . .	48b		48c	
	49	Grants receivable . . . . .		3,154,015	49	2,516,432
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			50	33,000
A s s e t s	51 a	Other notes and loans receivable (attach schedule). . . . .				
	b	Less allowance for doubtful accounts . . . . .	51b	15,960	51c	
	52	Inventories for sale or use . . . . .		607,525	52	694,685
	53	Prepaid expenses and deferred charges . . . . .			53	
	54	Investments - securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55 a	Investments - land, buildings, and equipment basis . . . . .				
	b	Less accumulated depreciation (attach schedule). . . . .	55b		55c	
	56	Investments - other (attach schedule) . . . . .			56	300,000
	57 a	Land, buildings, and equipment basis . . . . .	57a 2,616,441			
	b	Less accumulated depreciation (attach schedule). . . . .	57b 203,479	1,901,094	57c	2,412,962
	58	Other assets (describe . . . . .)			58	
	59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		6,095,498	59	6,298,688
L i a b i l i t i e s	60	Accounts payable and accrued expenses . . . . .		39,468	60	232,794
	61	Grants payable . . . . .			61	
	62	Deferred revenue . . . . .			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule). . . . .			63	
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .			64a	
	b	Mortgages and other notes payable (attach schedule) . . . . .		1,950,882	64b	2,146,666
	65	Other liabilities (describe . . . . .)			65	
	66	<b>Total liabilities</b> (add lines 60 through 65) . . . . .		1,990,350	66	2,379,460
N e t A s s e t s o f F u n d s	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted . . . . .		1,209,294	67	1,500,244
	68	Temporarily restricted . . . . .		2,895,854	68	2,418,984
	69	Permanently restricted . . . . .			69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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</b> (add lines 67 through 69 or lines 70 through 72). . . . .		4,105,148	73	3,919,228
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		6,095,498	74	6,298,688

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b>	2,320,402
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
	(1) Net unrealized gains on investments . . \$ _____		
	(2) Donated services and use of facilities . \$ _____		
	(3) Recoveries of prior year grants . . . . \$ _____		
	(4) Other (specify) _____		
	_____ \$		
	Add amounts on lines (1) through (4) . ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	2,320,402
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
	(1) Investment expenses not included on line 6b, Form 990 . . . . \$ _____		
	(2) Other (specify) _____		
	_____ \$		
	Add amounts on lines (1) and (2) . . . ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	2,320,402

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

<b>a</b>	Total expenses and losses per audited financial statements . . . . . ▶	<b>a</b>	2,506,322
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
	(1) Donated services and use of facilities . \$ _____		
	(2) Prior year adjustments reported on line 20, Form 990 . . . . . \$ _____		
	(3) Losses reported on line 20, Form 990 . . \$ _____		
	(4) Other (specify) _____		
	_____ \$		
	Add amounts on lines (1) through (4) . ▶	<b>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	2,506,322
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
	(1) Investment expenses not included on line 6b, Form 990 . . . . \$ _____		
	(2) Other (specify) _____		
	_____ \$		
	Add amounts on lines (1) and (2) . . . ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	2,506,322

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of 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	(E) Expense account and other allowances
JAMES JONES 1846 SYLVAN AVE SE, GRAND RAPI	PRESIDENT 2	0	0	0
DAVID ALLEN 1422 MADISON AVE, GRAND RAPIDS	EXEC. DIRECTOR 40	60,130	0	0
BRUCE JOHNSON 515 OAKDALE SE, GRAND RAPIDS MI	BOARD MEMBER 1	0	0	0
DAREL ROSS 7155 CRYSTAL VIEW DR, CALEDONI	TREASURER 2	0	0	0
BILL WHITE 657 S WHITMAN CT, ADA MI	BOARD MEMBER 1	0	0	0
CYNTHIA DEANS 902 BATES SE, GRAND RAPIDS	BOARD MEMBER 1	0	0	0
LINDSEY PETERMAN 1424 LAFAYETTE SE, GRAND RAPID	BOARD MEMBER 1	0	0	0
TERRI SCROGGIN 1033 LAFAYETTE SE, GRAND RAPID	BOARD MEMBER 1	0	0	0
JAIME PATE 6404 EASTBROOK, GRAND RAPIDS	BOARD MEMBER 1	0	0	0

**75** Did any officer, director, trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule - see page 28 of the instructions

**Part VI Other Information** (See page 28 of the instructions )

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>76</b>	X
<b>77</b>	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	<b>77</b>	X
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	X
<b>80a</b>	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>80a</b>	X
<b>b</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		
<b>81a</b>	Enter direct and indirect political expenditures See line 81 instructions . . . . . <b>81a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	X
<b>82a</b>	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? . . . . .	<b>82a</b>	X
<b>b</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) . . . . . <b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	<b>83a</b>	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	X
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	
<b>85</b>	501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>	
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b>	Dues, assessments, and similar amounts from members . . . . .	<b>85c</b>	
<b>d</b>	Section 162(e) lobbying and political expenditures . . . . .	<b>85d</b>	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	<b>85e</b>	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	<b>85f</b>	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	
<b>h</b>	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? . . . . .	<b>85h</b>	
<b>86</b>	501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12 . . . . .	<b>86a</b>	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . .	<b>86b</b>	
<b>87</b>	501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders . . . . .	<b>87a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>87b</b>	
<b>88</b>	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 . . . . .	<b>88</b>	X
<b>89a</b>	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>b</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 . . . . .	<b>89b</b>	X
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/>		
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> MICHIGAN		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) . . . . . <b>90b</b>		14
<b>91</b>	The books are in care of <input type="checkbox"/> JEREMY DE ROO Telephone no <input type="checkbox"/> 616-451-9140 Located at <input type="checkbox"/> 1422 MADISON SE, GRAND RAPIDS MI ZIP + 4 <input type="checkbox"/> 49507		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of 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 SALE OF REHABILITATED HOMES					833,500
b HOMES					
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	9,781	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					228,766
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 . . . . .			1	6,213	
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)) . . . . .				15,994	1,062,266
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,078,260

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 34 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	PROCEEDS FROM SELLING REHABILITATED HOUSES--THE ORGANIZATIONS EXEMPT PURPOSE
97A	RENTAL INCOME FROM RENTING HOUSING TO LOW INCOME INDIVIDUALS--THE ORGANIZATIONS EXEMPT PURPOSE

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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 34 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, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

**Please Sign Here**

Signature of officer: Jeremy DeRos  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: [Signature]  
Firm's name (or yours if self-employed) address, and ZIP + 4: GOODLANDER & CO CPAs  
3900 COSTA NE  
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

**2004**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

Employer identification number

LIGHTHOUSE COMMUNITIES, INC

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 . . . . . ▶				

**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 ) . . . . .		X
	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	X
b	Lending of money or other extension of credit? . . . . .	2b	X
c	Furnishing of goods, services, or facilities? . . . . .	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
e	Transfer of any part of its income or assets? . . . . .	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) . . . . .	3a	X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc . functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,112,136	1,649,082	511,368		5,272,586
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	427,433	96,009	37,256		560,698
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	155	217			372
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	3,539,724	1,745,308	651,297		5,936,329
24 Line 23 minus line 17	3,112,291	1,649,299	614,041		5,375,631
25 Enter 1% of line 23	35,397	17,453	6,513		

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	107,513
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 2000 through 2003 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	5,375,631
d Add Amounts from column (e) for lines 18 372 19 _____ 22 _____ 26b _____	26d	372
e Public support (line 26c minus line 26d total)	26e	5,375,259
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	99.99%

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

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

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

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

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	
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 2000 through 2003, 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 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
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table-		
	<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	<b>41</b>	
	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 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)). . . . .					
<b>50</b> 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
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body. . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> 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

MAY

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 11 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 .....
- b** 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 .....

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

**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.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**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?  Yes  No

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

LIGHTHOUSE COMMUNITIES, INC.

SCHEDULE OF SPECIAL EVENTS

PAGE 1—LINE 9c

Annual  
Dinner

Income	\$11,321.00
Expenses	<u>( 5,108.00)</u>
Net Income	\$ 6,213.00 =====

## SCHEDULE FOR STATEMENT OF FUNCTIONAL EXPENSES

PAGE 2--LINE 43

	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>	<u>Fundraising</u>
Maintaining & operating rental properties	127,950	127,950		
Program costs for housing, acquisition, development and resale	929,370	929,370		
Lead hazard remediation contractor cost	702,896	702,896		
Healthy Neighborhood program costs	111,918	111,918		
Insurance	13,113	9,835	2,622	656
Bank fees	623	467	125	31
Office expense	11,643	8,732	2,329	582
Total	<u>\$1,897,513</u>	<u>\$1,891,168</u>	<u>\$5,076</u>	<u>\$1,269</u>

LIGHTHOUSE COMMUNITIES, INC

38-353791

PART IV - BALANCE SHEETS - SUPPLEMENTARY SCHEDULES

LINE 50 -- Receivables

Borrower's name	David Allen, Executive Director
Original amount	\$33,000
Balance due	\$33,000
Date of note	May 18, 2005
Maturity date	November 18, 2006
Interest rate	10%
Security	Mortgage on real estate
Purpose of loan	Acquire and rehabilitate real estate

Line 56 -- Investments

Consists of equity mutual funds

\* Item was disposed  
of during current year

## Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

**2004** 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	Bonus depreciation	AMT Current
1	900 HANCOCK BLDG COST	20010912	52,246		100 00		52,246	25	SL MM	4	2,090	8,099			1,306
2	900 HANCOCK IMPROVEME	20011029	1,371		100 00		1,371	25	SL MM	4	55	208			34
3	1321 EWING BLDG COST	20010912	34,940		100 00		34,940	25	SL MM	4	1,398	5,417			874
4	1321 EWING IMPROVEMEN	20020515	94,101		100 00		94,101	25	SL MM	4	3,764	12,076			2,353
5	1405/07 LAFAYETTE BLD	20010815	42,466		100 00		42,466	25	SL MM	4	1,699	6,725			1,062
6	1648 MADISON BLDG COS	20010912	42,891		100 00		42,891	25	SL MM	4	1,716	6,649			1,072
7	1648 MADISON IMPROVEM	20020515	135,370		100 00		135,370	25	SL MM	4	5,415	17,373			3,384
8	1654 MADISON BLDG COS	20010912	41,690		100 00		41,690	25	SL MM	4	1,668	6,463			1,042
9	918 EASTERN BLDG COST	20010912	24,466		100 00		24,466	25	SL MM	4	979	3,793			612
10	918 EASTERN IMPROVEME	20020520	8,613		100 00		8,613	25	SL MM	4	345	1,107			215
11	1422 MADISON OFFICE I	20020801	55,914		100 00		55,914	30	SL MM	3 333	1,864	5,514			1,398
12	PURCHASED COMPUTER EQ	20020115	5,674		100 00		5,674	5	SL HY	20	1,135	4,114			1,135
13	1654 MADISON IMPROVEM	20020624	104,901		100 00		104,901	25	SL MM	4	4,196	13,063			2,623
14	409 OAKDALE BUILDING	20020922	36,993		100 00		36,993	25	SL MM	4	1,480	4,255			925
15	409 OAKDALE IMPROVEME	20030505	1,092		100 00		1,092	25	SL MM	4	44	97			27
16	409 OAKDALE LAND COST	20020922	4,110	4,110	100 00		0	5		0					
17	739 OAKDALE BUILDING	20021209	67,500		100 00		67,500	25	SL MM	4	2,700	7,088			1,688
18	739 OAKDALE LAND COST	20021209	7,500	7,500	100 00		0	5		0					
19	918 EASTERN IMPROVEME	20030505	15,747		100 00		15,747	25	SL MM	4	630	1,391			394
20	955 HANCOCK BUILDING	20030213	62,279		100 00		62,279	25	SL MM	4	2,491	6,124			1,557
21	955 HANCOCK LAND COST	20030213	7,000	7,000	100 00		0	5		0					
22	955 HANCOCK STOVE & F	20030213	587		100 00		587	12	SL HY	8 333	49	115			49
23	1201 PROSPECT BUILDIN	20021203	54,365		100 00		54,365	25	SL MM	4	2,175	5,709			1,359
24	1201 PROSPECT LAND CO	20021203	5,900	5,900	100 00		0	5		0					
25	1201 PROSPECT IMPROVE	20030210	1,334		100 00		1,334	25	SL MM	4	53	130			33
26	900 HANCOCK IMPROVEME	20030320	106,280		100 00		106,280	25	SL MM	4	4,251	10,096			2,657
27	1405/07 LAFAYETTE IMP	20030408	10,888		100 00		10,888	25	SL MM	4	436	999			272
28	1654 MADISON IMPROVEM	20020901	32,415		100 00		32,415	25	SL MM	4	1,297	3,729			810
29	1422 MADISON IMPROVEM	20021215	20,457		100 00		20,457	25	SL MM	4	818	2,147			511
30	5/3 DONATED OFFICE EQ	20021007	18,000		100 00		18,000	10	SL HY	10	1,800	4,230			1,800

\* Item was disposed  
of during current year

## Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

**2004** 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	Bonus depreciation	AMT Current
31	1422 MADISON BUILDING	20020901	97,673		100 00		97,673	30	SL MM	3 333	3,256	9,361			2,442
32	1422 MADISON LAND COS	20020901	5,000	5,000	100 00			5		0					
33	900 HANCOCK LAND COST	20010912	5,500	5,500	100 00			5		0					
34	1321 EWING LAND COST	20010912	3,800	3,800	100 00			5		0					
35	1405/07 LAFAYETTE LAN	20010815	4,600	4,600	100 00			5		0					
36	1654 MADISON LAND COS	20010912	4,500	4,500	100 00			5		0					
37	918 EASTERN LAND COST	20010912	2,600	2,600	100 00			5		0					
38	1451 GRANDVILLE LAND	20040625	4,163	4,163	100 00			5		0					
39	409 OAKDALE IMPROVE	20040618	12,398		100 00		12,398	25	SL MM	4	496	517			310
40	409 OAKDALE IMPROV	20030707	39		100 00		39	25	SL MM	4	2	3			1
41	809 ADAMS LAND	20031125	8,500	8,500	100 00			5		0					
42	809 ADAMS BLDG COST	20031125	77,218		100 00		77,218	25	SL MM	4	3,089	5,019			1,930
43	918 EASTERN OTHER	20040426	97		100 00		97	25	SL MM	4	4	5			2
44	921 FULTON IMPROVE	20040607	80,375		100 00		80,375	25	SL MM	4	3,215	3,349			2,009
45	921 FULTON BLDG COST	20030731	155,905		100 00		155,905	25	SL MM	4	6,236	12,212			3,898
46	921 FULTON	20030731	17,000	17,000	100.00			5		0					
47	954 ADAMS LAND	20031125	9,500	9,500	100 00			5		0					
48	954 ADAMS BLDG COST	20031125	86,287		100 00		86,287	25	SL MM	4	3,451	5,608			2,157
49	955 HANCOCK OTHER	20040521	1,039		100 00		1,039	25	SL MM	4	42	47			26
50	958 SIGSBEE IMPROVE	20040607	19,715		100 00		19,715	25	SL MM	4	789	822			493
51	958 SIGSBEE BLDG COST	20031124	68,218		100 00		68,218	25	SL MM	4	2,729	4,434			1,705
52	958 SIGSBEE LAND	20031124	7,500	7,500	100 00			5		0					
53	1201 PROSPECT IMPROVE	20040607	24,031		100 00		24,031	25	SL MM	4	961	1,001			601
54	900 HANCOCK IMPROVE	20030721	1,012		100 00		1,012	25	SL MM	4	40	79			25
55	1347 BUTLER IMPROVE	20040601	29,810		100 00		29,810	25	SL MM	4	1,192	1,242			745
56	1347 BUTLER LAND	20031125	7,500	7,500	100 00			5		0					
57	1347 BUTLER	20031125	68,221		100 00		68,221	25	SL MM	4	2,729	4,435			1,706
58	1405/07 LAFAYETTE IMP	20030929	11,085		100 00		11,085	25	SL MM	4	443	794			277
59	1405/07 LAFAYETTE OTH	20040426	131		100 00		131	25	SL MM	4	5	6			3
60	1422 MADISON IMPROVE	20030316	5,729		100 00		5,729	30	SL MM	3 333	191	382			143



\* Item was disposed  
of during current year

## Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

**2004** PAGE 3

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	Bonus depreciation	AMT Current
61	COMPUTER EQUIPMENT	20031030	10,647		100 00		10,647	5	SL HY	20	2,129	3,194			2,129
62	CUBICLES DONATED BY 5	20031231	10,000		100 00		10,000	10	SL HY	10	1,000	1,500			1,000
63	918 EASTERN IMPROVE	20040203	1,123		100 00		1,123	25	SL MM	4	45	62			28
64	1648 MADISON LAND	20010912	4,600	4,600	100 00			5		0					
65	1648 MADISON IMPROVEM	20021231	1,000		100 00		1,000	25	SL MM	4	40	80			25
66	937 OAKDALE SE LAND C	20050301	67,078	67,078	100 00			5		0					
67	1300 MADISON SE IMPRO	20050401	42,651		100 00		42,651	25	SL MM	833	355	355			222
68	1300 MADISON SE LAND	20040930	51,124		100 00		51,124	25	SL MM	3 167	1,619	1,619			1,012
69	1167 MADISON SE IMPRO	20050115	4,940		100 00		4,940	25	SL MM	1 833	91	91			57
70	TRUCK FOR RENTAL PROG	20040715	3,900		100.00		3,900	5	SL HY	10	390	390			390
71	1451 GRANDVILLE IMPRO	20050301	136,952		100 00		136,952	25	SL MM	1 167	1,598	1,598			998
72	409 OAKDALE IMPROVEME	20041116	1,992		100 00		1,992	25	SL MM	2 5	50	50			31
73	921 FULTON IMPROVEMEN	20041130	184,104		100 00		184,104	25	SL MM	2.5	4,603	4,603			2,878
74	955 HANCOCK OTHER	20050830	263		100 00		263	25		0					
75	958 SIGSBEE IMPROVEME	20040930	49,497		100 00		49,497	25	SL MM	3 167	1,568	1,568			980
76	1201 PROSPECT	20041029	79,887		100 00		79,887	25	SL MM	2 833	2,263	2,263			1,415
77	1321 EWING OTHER	20040730	107		100 00		107	25	SL MM	3 833	4	4			3
78	1347 BUTLER IMPROVEME	20040727	530		100 00		530	25	SL MM	3 833	20	20			13
79	1405/07 LAFAYEETE IMP	20041101	689		100 00		689	25	SL MM	2 5	17	17			11
80	1422 MADISON OTHER	20040805	678		100 00		678	25	SL MM	3 5	24	24			15
81	1648 MADISON OTHER	20040730	140		100 00		140	25	SL MM	3 833	5	5			3
82	1654 MADISON	20040730	141		100 00		141	25	SL MM	3 833	5	5			3
83	918 EASTERN OTHER	20040730	103		100 00		103	25	SL MM	3 833	4	4			2
<b>Totals</b>			<b>2,568,382</b>	<b>176,351</b>			<b>2,392,031</b>				<b>89,248</b>	<b>203,479</b>			<b>58,880</b>

# Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Form 8868.

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note: Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>LIGHTHOUSE COMMUNITIES, INC</b>	Employer identification number <b>38-3537915</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1422 MADISON AVE SE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>GRAND RAPIDS, MI 49507</b>	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 02-15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20\_\_ or

▶  tax year beginning 07-01, 2004, and ending 06-30, 2005

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Handwritten Signature] Title ▶ CPA Date ▶ 11/14/05

For Paperwork Reduction Act Notice, see instruction EEA Form 8868 (12-2000)