

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)

OMB No. 1545-0047
2005
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07-01, 2005, and ending 06-30, 2006

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

C Name of organization: LIGHTHOUSE COMMUNITIES, INC
Number and street (or P.O. box if mail is not delivered to street address): 1422 MADISON AVE SE
City or town, state or country, and ZIP + 4: GRAND RAPIDS, MI 49507

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

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

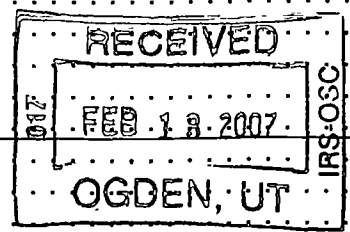
K Check here: If the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 3,163,435

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

SCANNED FEB 22 2007

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for detailed categories like 'Direct public support', 'Program service revenue', 'Gross rents', 'Sales of assets other', 'Special events', and 'Total revenue'.



913-15

8

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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	349,070	246,679	92,152
27	Pension plan contributions	27			
28	Other employee benefits	28	46,383	32,778	12,245
29	Payroll taxes	29	27,033	19,104	7,137
30	Professional fundraising fees	30			
31	Accounting fees	31	15,095	10,567	4,076
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	11,540	8,078	3,116
35	Postage and shipping	35	1,676	1,173	453
36	Occupancy	36	5,964	4,175	1,610
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	5,996	4,197	1,619
40	Conferences, conventions, and meetings	40	9,911	6,938	2,676
41	Interest	41	146,978	124,073	22,905
42	Depreciation, depletion, etc. (attach schedule)	42	99,731	91,753	7,181
43	Other expenses not covered above (itemize):				
a	SEE SCHEDULE	43a	2,276,744	2,257,408	12,815
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,996,121	2,806,923	167,985

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? ► SEE BELOW

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a PROVIDES RENTAL AND OWNER OCCUPIED REHABILITATED HOUSING, LEAD PAINT REMOVAL AND HEALTHY NEIGHBORHOOD INITIATIVE FOR INDIVIDUALS WITH LOW INCOMES.

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

2,806,923

b

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

c

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

d

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

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 2,806,923

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
	45 Cash - non-interest-bearing		188,888	45	100,533
	46 Savings and temporary cash investments			46	
	47 a Accounts receivable	47a	331,257		
	b Less: allowance for doubtful accounts	47b		47c	331,257
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable		2,516,432	49	2,952,692
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		33,000	50	33,000
A s s e t s	51 a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use		694,685	52	1,282,455
	53 Prepaid expenses and deferred charges			53	
	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)		300,000	56	500,520
	57 a Land, buildings, and equipment: basis	57a	2,673,549		
	b Less: accumulated depreciation (attach schedule)	57b	303,210	57c	2,370,339
	58 Other assets (describe ▶ _____)			58	
	59 Total assets (must equal line 74). Add lines 45 through 58		6,298,688	59	7,570,796
L i a b i l i t i e s	60 Accounts payable and accrued expenses		232,794	60	129,295
	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)		2,146,666	64b	3,361,480
	65 Other liabilities (describe ▶ _____)			65	
	66 Total liabilities. Add lines 60 through 65		2,379,460	66	3,490,775
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
N e t A s s e t s o r B a l a n c e s	67 Unrestricted		1,500,244	67	1,358,887
	68 Temporarily restricted		2,418,984	68	2,721,134
	69 Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		3,919,228	73	4,080,021
	74 Total liabilities and net assets / fund balances. Add lines 66 and 73		6,298,688	74	7,570,796

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	3,156,914
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	3,156,914
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	3,156,914

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

a	Total expenses and losses per audited financial statements		a	2,996,121
b	Amounts included on line a but not on 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	2,996,121
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	2,996,121

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
JAMES JONES 1846 SYLVAN AVE SE, GRAND RAPI	PRESIDENT 0	0	0	0
DAVID ALLEN 1422 MADISON AVE, GRAND RAPIDS	EXEC. DIRECTOR 0	60,000	0	0
BRUCE JOHNSON 515 OAKDALE SE, GRAND RAPIDS MI	BOARD MEMBER 0	0	0	0
DAREL ROSS 7155 CRYSTAL VIEW DR, CALEDONI	TREASURER 0	0	0	0
BILL WHITE 657 S WHITMAN CT, ADA MI	BOARD MEMBER 0	0	0	0
CYNTHIA DEANS 902 BATES SE, GRAND RAPIDS	BOARD MEMBER 0	0	0	0
LINDSEY PETERMAN 1424 LAFAYETTE SE, GRAND RAPID	BOARD MEMBER 0	0	0	0
TERRI SCROGGIN 1033 LAFAYETTE SE, GRAND RAPID	BOARD MEMBER 0	0	0	0
JAIME PATE 6404 EASTBROOK, GRAND RAPIDS	BOARD MEMBER 0	0	0	0

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

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ _____		
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)	75b	X
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 this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations			
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d	Does the organization have a written conflict of interest policy?	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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE	0	0	0	0

Part VI Other Information (See 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 not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	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	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	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 ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures (See line 81 instructions.) 81a		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
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.		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
90 a	List the states with which a copy of this return is filed ▶ MICHIGAN		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	10
91 a	The books are in care of ▶ JEREMY DE ROO Telephone no ▶ 616-451-9140 Located at ▶ 1422 MADISON SE, GRAND RAPIDS MI ZIP + 4 ▶ 49507		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?		X
	If "Yes," enter the name of the foreign country ▶ _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ▶ <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 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	
93 Program service revenue					
a SALE OF REHAB. HOMES					874,453
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	37,015	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					204,464
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	6,223	
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))				43,238	1,078,917
105 Total (add line 104, columns (B), (D), and (E))					1,122,155

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
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 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
	%			
	%			
	%			
	%			

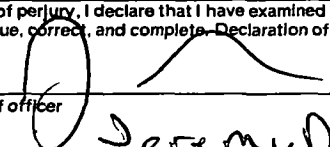
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

- (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

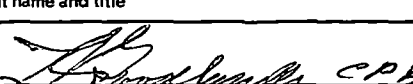
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, in its entirety and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. Any preparer who has not examined the return and who is not a duly licensed practitioner under the laws of the state in which the return is prepared is prohibited from making this declaration.

Please Sign Here

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

Paid Preparer's Use Only

Preparer's signature: 
 Firm's name (or yours if self-employed) address, and ZIP + 4: GOODLANDER & CO C
 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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

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
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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-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

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
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
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	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) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3
- Provide the following information about the supported organizations (See page 6 of the instructions.)
- | (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |
- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants See line 28.) . . .	1,242,142	3,112,136	1,649,082	511,368	6,514,728
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	833,500	427,433	96,009	37,256	1,394,198
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	9,781	155	217		10,153
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	2,085,423	3,539,724	1,745,308	651,297	8,021,752
24 Line 23 minus line 17	1,251,923	3,112,291	1,649,299	614,041	6,627,554
25 Enter 1% of line 23	20,854	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 132,551
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . ▶					26b
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					26c 6,627,554
d Add: Amounts from column (e) for lines: 18 <u>10,153</u> 19 _____ 22 _____ 26b _____ ▶					26d 10,153
e Public support (line 26c minus line 26d total) ▶					26e 6,617,401
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 99.85%
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____ 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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

LIGHTHOUSE COMMUNITIES, INC.

SCHEDULE OF SPECIAL EVENTS

PAGE 1-LINE 9c

Annual
Dinner

Income	12,744
Expenses	<u>6,521</u>
Net Income	<u><u>6,223</u></u>

Name as shown on Return

LIGHTHOUSE COMMUNITIES, INC.

Employer identification number

38-3537915

PROGRAM SERVICES

Description	Amount
MAINTAINING & OPERATING RENTAL PROPERTIES	\$ 160,852
PROGRAM COSTS FOR HOUSING ACQUISITION, DEV. & RESALE	1,038,161
LEAD HAZARD REMEDIATION CONTRACTOR COST	955,728
HEALTHY NEIGHBORHOOD PROGRAM COSTS	88,323
INSURANCE	14,344
Total:	\$ 2,257,408

MANAGEMENT AND GENERAL

Description	Amount
INSURANCE	\$ 6,148
BANK FEES	525
OFFICE EXPENSE	6,142
Total:	\$ 12,815

FUNDRAISING

Description	Amount
OFFICE EXPENSE	\$ 6,521
Total:	\$ 6,521

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

For your records only

2005

PAGE 1

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	10,189			1,306
2	900 HANCOCK IMPROVEME	20011029	1,371		100.00		1,371	25	SL MM	4	55	263			34
3	1321 EWING BLDG COST	20010912	34,940		100.00		34,940	25	SL MM	4	1,398	6,815			874
4	1321 EWING IMPROVEMEN	20020515	94,101		100.00		94,101	25	SL MM	4	3,764	15,840			2,353
5	1405/07 LAFAYETTE BLD	20010815	42,466		100.00		42,466	25	SL MM	4	1,699	8,424			1,062
6	1648 MADISON BLDG COS	20010912	42,891		100.00		42,891	25	SL MM	4	1,716	8,365			1,072
7	1648 MADISON IMPROVEM	20020515	135,370		100.00		135,370	25	SL MM	4	5,415	22,788			3,384
8	1654 MADISON BLDG COS	20010912	41,690		100.00		41,690	25	SL MM	4	1,668	8,131			1,042
9	918 EASTERN BLDG COST	20010912	24,466		100.00		24,466	25	SL MM	4	979	4,772			612
10	918 EASTERN IMPROVEME	20020520	8,613		100.00		8,613	25	SL MM	4	345	1,452			215
11	1422 MADISON OFFICE I	20020801	55,914		100.00		55,914	30	SL MM	3.333	1,864	7,378			1,398
12	PURCHASED COMPUTER EQ	20020115	5,674		100.00		5,674	5	SL HY	20	1,135	5,249			1,135
13	1654 MADISON IMPROVEM	20020624	104,901		100.00		104,901	25	SL MM	4	4,196	17,259			2,623
14	409 OAKDALE BUILDING	20020922	36,993		100.00		36,993	25	SL MM	4	1,480	5,735			925
15	409 OAKDALE IMPROVEME	20030505	1,092		100.00		1,092	25	SL MM	4	44	141			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	9,788			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	2,021			394
20	955 HANCOCK BUILDING	20030213	62,279		100.00		62,279	25	SL MM	4	2,491	8,615			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	164			49
23	1201 PROSPECT BUILDIN	20021203	54,365		100.00		54,365	25	SL MM	4	2,175	7,884			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	183			33
26	900 HANCOCK IMPROVEME	20030320	106,280		100.00		106,280	25	SL MM	4	4,251	14,347			2,657
27	1405/07 LAFAYETTE IMP	20030408	10,888		100.00		10,888	25	SL MM	4	436	1,435			272
28	1654 MADISON IMPROVEM	20020901	32,415		100.00		32,415	25	SL MM	4	1,297	5,026			810
29	1422 MADISON IMPROVEM	20021215	20,457		100.00		20,457	25	SL MM	4	818	2,965			511
30	5/3 DONATED OFFICE EQ	20021007	18,000		100.00		18,000	10	SL HY	10	1,800	6,030			1,800

* Item was disposed
of during current year

Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

2005

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	12,617			2,442
32	1422 MADISON LAND COS	20020901	5,000	5,000	100.00		0	5		0					
33	900 HANCOCK LAND COST	20010912	5,500	5,500	100.00		0	5		0					
34	1321 EWING LAND COST	20010912	3,800	3,800	100.00		0	5		0					
35	1405/07 LAFAYETTE LAN	20010815	4,600	4,600	100.00		0	5		0					
36	1654 MADISON LAND COS	20010912	4,500	4,500	100.00		0	5		0					
37	918 EASTERN LAND COST	20010912	2,600	2,600	100.00		0	5		0					
38	1451 GRANDVILLE LAND	20040625	4,163	4,163	100.00		0	5		0					
39	409 OAKDALE IMPROVE	20040618	12,398		100.00		12,398	25	SL MM	4	496	1,013			310
40	409 OAKDALE IMPROV	20030707	39		100.00		39	25	SL MM	4	2	5			1
41	809 ADAMS LAND	20031125	8,500	8,500	100.00		0	5		0					
42	809 ADAMS BLDG COST	20031125	77,218		100.00		77,218	25	SL MM	4	3,089	8,108			1,930
43	918 EASTERN OTHER	20040426	97		100.00		97	25	SL MM	4	4	9			2
44	921 FULTON IMPROVE	20040607	80,375		100.00		80,375	25	SL MM	4	3,215	6,564			2,009
45	921 FULTON BLDG COST	20030731	155,905		100.00		155,905	25	SL MM	4	6,236	18,448			3,898
46	921 FULTON	20030731	17,000	17,000	100.00		0	5		0					
47	954 ADAMS LAND	20031125	9,500	9,500	100.00		0	5		0					
48	954 ADAMS BLDG COST	20031125	86,287		100.00		86,287	25	SL MM	4	3,451	9,059			2,157
49	955 HANCOCK OTHER	20040521	1,039		100.00		1,039	25	SL MM	4	42	89			26
50	958 SIGSBEE IMPROVE	20040607	19,715		100.00		19,715	25	SL MM	4	789	1,611			493
51	958 SIGSBEE BLDG COST	20031124	68,218		100.00		68,218	25	SL MM	4	2,729	7,163			1,705
52	958 SIGSBEE LAND	20031124	7,500	7,500	100.00		0	5		0					
53	1201 PROSPECT IMPROVE	20040607	24,031		100.00		24,031	25	SL MM	4	961	1,962			601
54	900 HANCOCK IMPROVE	20030721	1,012		100.00		1,012	25	SL MM	4	40	119			25
55	1347 BUTLER IMPROVE	20040601	29,810		100.00		29,810	25	SL MM	4	1,192	2,434			745
56	1347 BUTLER LAND	20031125	7,500	7,500	100.00		0	5		0					
57	1347 BUTLER	20031125	68,221		100.00		68,221	25	SL MM	4	2,729	7,164			1,706
58	1405/07 LAFAYETTE IMP	20030929	11,085		100.00		11,085	25	SL MM	4	443	1,237			277
59	1405/07 LAFAYETTE OTH	20040426	131		100.00		131	25	SL MM	4	5	11			3
60	1422 MADISON IMPROVE	20030316	5,729		100.00		5,729	30	SL MM	3.333	191	573			143

* Item was disposed
of during current year

Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

2005

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	5,323			2,129
62	CUBICLES DONATED BY 5	20031231	10,000		100.00		10,000	10	SL HY	10	1,000	2,500			1,000
63	918 EASTERN IMPROVE	20040203	1,123		100.00		1,123	25	SL MM	4	45	107			28
64	1648 MADISON LAND	20010912	4,600	4,600	100.00		0	5		0					
65	1648 MADISON IMPROVEM	20021231	1,000		100.00		1,000	25	SL MM	4	40	120			25
66	937 OAKDALE SE LAND C	20050301	67,078	67,078	100.00		0	5		0					
67	1167 MADISON SE IMPRO	20050115	4,940		100.00		4,940	25	SL MM	4	198	289			124
68	TRUCK FOR RENTAL PROG	20040715	3,900		100.00		3,900	5	SL HY	20	780	1,170			780
69	1451 GRANDVILLE IMPRO	20050301	136,952		100.00		136,952	25	SL MM	4	5,478	7,076			3,424
70	409 OAKDALE IMPROVEME	20041116	1,992		100.00		1,992	25	SL MM	4	80	130			50
71	921 FULTON IMPROVEMEN	20041130	184,104		100.00		184,104	25	SL MM	4	7,364	11,967			4,603
72	955 HANCOCK OTHER	20050830	263		100.00		263	25	SL MM	3.5	9	9			6
73	958 SIGSBEE IMPROVEME	20040930	49,497		100.00		49,497	25	SL MM	4	1,980	3,548			1,237
74	1201 PROSPECT	20041029	79,887		100.00		79,887	25	SL MM	4	3,195	5,458			1,997
75	1321 EWING OTHER	20040730	107		100.00		107	25	SL MM	4	4	8			3
76	1347 BUTLER IMPROVEME	20040727	530		100.00		530	25	SL MM	4	21	41			13
77	1405/07 LAFAYEETE IMP	20041101	689		100.00		689	25	SL MM	4	28	45			17
78	1422 MADISON OTHER	20040805	678		100.00		678	25	SL MM	4	27	51			17
79	1648 MADISON OTHER	20040730	140		100.00		140	25	SL MM	4	6	11			4
80	1654 MADISON	20040730	141		100.00		141	25	SL MM	4	6	11			4
81	918 EASTERN OTHER	20040730	103		100.00		103	25	SL MM	4	4	8			3
82	250 DICKINSON	20060224	58,404		100.00		58,404	25	SL MM	1.5	876	876			547
83	250 DICKINSON LAND	20060224	5,000	5,000	100.00		0	5		0					
84	739 OAKDALE IMPROVEME	20060327	1,385		100.00		1,385	25	SL MM	1.167	16	16			10
85	900 HANCOCK	20060621	1,950		100.00		1,950	25	SL MM	.167	3	3			2
86	918 EASTERN IMPROVEME	20051108	680		100.00		680	25	SL MM	2.5	17	17			11
87	921 FULTON IMPROVEMEN	20060613	3,825		100.00		3,825	25	SL MM	.167	6	6			4
88	937 OAKDALE IMPROVEME	20060417	2,864		100.00		2,864	25	SL MM	.833	24	24			15
89	954 ADAMS	20060620	6,613		100.00		6,613	25	SL MM	.167	11	11			7
90	1201 PROSPECT IMPROVE	20060523	950		100.00		950	25	SL MM	.5	5	5			3

* Item was disposed
of during current year

Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

2005

PAGE 4

Name(s) as shown on return

LIGHTHOUSE COMMUNITIES, INC.

Social security number/EIN

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
91	1422 MADISON IMPROVEM	20060605	2,518		100.00		2,518	25	SL MM	.167	4	4			3
92	1451 GRANDVILLE IMPRO	20051031	49,274		100.00		49,274	25	SL MM	2.833	1,396	1,396			873
93	1648 MADISON IMPROVEM	20060424	545		100.00		545	25	SL MM	.833	5	5			3
94	DATA BASE SOFTWARE DE	20050920	16,875		100.00		16,875	5	SL HY	10	1,688	1,688			1,688
95	1451 GRANDEVILLE IMPR	20050701	48,060		100.00		48,060	25	SL MM	3.833	1,842	1,842			1,152
Totals			2,673,550	181,351			2,492,199				101,705	303,210			67,447

ST ADJ:

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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)

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

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

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

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

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 |

• The books are in the care of ▶ JEREMY DE ROO

Telephone No ▶ 616-451-9140 FAX No ▶ _____

- 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, 2007, 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, 2005, and ending 06-30, 2006

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 \$ _____

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-ERO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see instruction