

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)

2006

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 2006 calendar year, or tax year beginning

07-01, 2006, and ending

06-30, 2007

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: LIGHTHOUSE COMMUNITIES, INC.
Number and street (or P O box if mail is not delivered to street address): 1422 MADISON AVE SE
Room/suite:
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: [] Cash [X] Accrual [] Other (specify)

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

H and I are not applicable to section 527 organizations

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

G Website:

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

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number

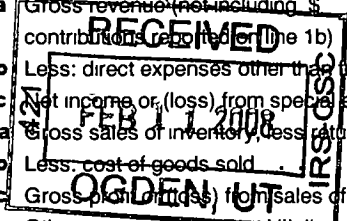
M Check [] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,138,238

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, rents, investment income, special events, and fundraising.

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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 the instructions)

Do not include amounts reported on lines 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22 b Other grants and allocations (attach schedule) STM124 (cash \$ 360,000 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	360,000	360,000	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	418,047	258,316	146,339
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	45,952	28,394	16,086
29 Payroll taxes	29	40,666	25,128	14,235
30 Professional fundraising fees	30			
31 Accounting fees	31	13,083		12,217
32 Legal fees	32	27,320	27,320	
33 Supplies	33			
34 Telephone	34	14,323	9,685	4,331
35 Postage and shipping	35	2,128	1,439	643
36 Occupancy	36	6,816	4,609	2,061
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39	11,670	7,891	3,529
40 Conferences, conventions, and meetings	40	8,541	5,775	2,583
41 Interest	41	212,606	158,217	54,389
42 Depreciation, depletion, etc. (attach schedule)	42	108,300	73,231	32,748
43 Other expenses not covered above (itemize):				
a RENTAL PROP OPERATIONS	43a	96,868	96,868	
b PROG AQUISITION COSTS	43b	1,128,042	1,128,042	
c LEAD REMEDIATION COSTS	43c	1,157,927	1,157,927	
d HEALTHY NEIGHBORHOOD COS	43d	108,694	108,694	
e INSURANCE	43e	36,480	24,667	11,031
f OFFICE EXPENSE	43f	23,901	16,163	7,227
g BANK FEES	43g	448		448
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,821,812	3,492,366	307,867

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 See SERVICES

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

3,821,812

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)

3,821,812

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	
A s s e t s	45	Cash - non-interest-bearing		45	322,027
	46	Savings and temporary cash investments		46	
	47 a	47a	586,810		
	b	47b		47c	586,810
	48 a	48a			
	b	48b		48c	
	49	Grants receivable		49	2,458,076
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	33,000
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a	51a			
	b	51b		51c	
	52	Inventories for sale or use		52	1,008,569
	53	Prepaid expenses and deferred charges		53	
	54 a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a	55a			
	b	55b		55c	
	56	Investments - other (attach schedule) STM115		56	350,000
	57 a	57a	2,760,950		
b	57b	411,510	57c	2,349,440	
58	Other assets, including program-related investments (describe)		58		
59	Total assets (must equal line 74) Add lines 45 through 58		59	7,107,922	
L i a b i l i t i e s	60	Accounts payable and accrued expenses		60	144,043
	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)		64b	3,587,655
	65	Other liabilities (describe)		65	
66	Total liabilities. Add lines 60 through 65		66	3,731,698	
N e t A s s e t s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted		67	1,148,259
	68	Temporarily restricted		68	2,227,965
	69	Permanently restricted		69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		73	3,376,224
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73		74	7,107,922

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	3,118,015
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	3,118,015
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	3,118,015

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

a	Total expenses and losses per audited financial statements		a	4,116,335
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	4,116,335
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	4,116,335

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 GRAND RAPID MI	PRESIDENT 2	0	0	0
DAVID ALLEN 1422 MADISON AVE GRAND RAPID MI	EXEC. DIR 40	63,561	0	0
BRUCE JOHNSON 515 OAKDALE SE GRAND RAPID MI	BOARD MEMBER 1	0	0	0
DAREL ROSS 7155 CRYSTAL VIE CALEDONIA MI	TREASURER 1	0	0	0
BILL WHITE 657 S WHITMAN CT ADA MI	BOARD MEMBER 1	0	0	0
DEE LUCAS 722 EASTERN SE GRAND RAPID MI 49507	BOARD MEMBER 1	0	0	0
LAVONNE ZWART 940 ADAMS SE GRAND RAPID MI 49507	BOARD MEMBER 1	0	0	0

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)		
82 b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 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
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86 b	Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88 a	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
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
89 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
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
89 e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ MICHIGAN		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		
90 b			
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		
91 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		

Part VI Other Information (continued)	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	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)					
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 REHAB. HOME					1,336,579
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities			14	42,816	
97 Net rental income or (loss) from real estate					
a debt-financed property					198,449
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			01	25,772	
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))				68,588	1,535,028
105 Total (add line 104, columns (B), (D), and (E)) ▶					1,603,616

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)	
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	
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	
(a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?	(b) Did the organization, during the year, pay premiums, directly or indirectly, for a disqualified person?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)	

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)

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

Yes	No

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

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

Yes	No

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Jeremy DeFoa* Date: 11/30/08

Type or print name and title: Jeremy DeFoa Operations Director

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 01-04-2008 Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: GOODLANDER & CO, PC, CPAs EIN:

3900 Costa NE Phone no: 616-361-1896

Grand Rapids, MI 49525

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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

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 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) 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

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Did the organization make grants for scholarships... 3b. Did the organization have a section 403(b) annuity plan... 3c. Did the organization receive or hold an easement for conservation purposes... 3d. Did the organization provide credit counseling... 4a. Did the organization maintain any donor advised funds... 4b. Did the organization make any taxable distributions... 4c. Did the organization make a distribution to a donor... d. Enter the total number of donor advised funds... e. Enter the aggregate value of assets held in all donor advised funds... f. Enter the total number of separate funds or accounts... g. Enter the aggregate value of assets held in all funds or accounts...

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

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

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

Calendar year (or fiscal year beginning in) . . . ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28) . . .	2,034,759	1,242,142	3,112,136	1,649,082	8,038,119
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	874,453	833,500	427,433	96,009	2,231,395
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	37,015	9,781	155	217	47,168
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	2,946,227	2,085,423	3,539,724	1,745,308	10,316,682
24 Line 23 minus line 17	2,071,774	1,251,923	3,112,291	1,649,299	8,085,287
25 Enter 1% of line 23	29,462	20,854	35,397	17,453	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 161,706
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts . . ▶					26b
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					26c 8,085,287
d Add Amounts from column (e) for lines 18 47,168 19 0					26d 47,168
22 0 26b ▶					
e Public support (line 26c minus line 26d total) ▶					26e 8,038,119
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 99.42%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____ ▶					
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 0				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 9 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
<hr/>			
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
<hr/>			
<hr/>			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table- If the amount on line 40 is- The lobbying nontaxable amount is- Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			

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

Statement of Program Service Accomplishments**2006 01**

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

FORM 990, PART III (a)

Grants and Allocations	\$0
Program Service Expenses	\$3821812
Includes Foreign Grants	NO

Explanation

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

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

**FORM 990, SCH FOR PART IV, LINE 56
INVESTMENTS OTHER SCHEDULE**

Statement #115

Description	C/F	Beg of Year	End of Year
INVESTMENTS	C	100,000	350,000
WEALTHY DIAMOND PROJECT INV	C	<u>400,520</u>	<u> </u>
TOTAL		<u><u>500,520</u></u>	<u><u>350,000</u></u>

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

FORM 990, SCH FOR PART IV, LINE 57
LAND ETC. SCHEDULE

Statement #116

Category or Item	Basis	Accumulated Depriciation	End of Year
LAND	176,351		176,351
RES RENTAL BUILDINGS	2,321,542	349,325	1,972,217
OFFICE BUILDING	192,175	30,137	162,038
OFFICE EQUIPMENT	66,982	30,098	36,884
TRUCK	3,900	1,950	1,950
TOTAL	2,760,950	411,510	2,349,440

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

LIGHTHOUSE COMMUNITIES, INC.

Your Social Security Number

38-3537915

**FORM 990, PART II, LINE 22
CASH GRANTS PAID SCHEDULE**

Statement #124

		<u>Amount</u>	<u>Relationship</u>
Activity	GRANT PAID FOR LOW INCOME RENTAL PR	360,000	
Recipient	UPTOWN VILLAGE PARTNERSHIP		
Address	WEALTHY STREET SE		
City,St Zip	GRAND RAPIDS MI 49507		
	TOTAL	<u>360,000</u>	

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

FORM 990, PART I, LINE 9 SPECIAL EVENTS SCHEDULE

Statement #101

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
ANNUAL DINNER	<u>45,995</u>	<u> </u>	<u>45,995</u>	<u>20,223</u>	<u>25,772</u>
TOTAL	<u><u>45,995</u></u>	<u><u> </u></u>	<u><u>45,995</u></u>	<u><u>20,223</u></u>	<u><u>25,772</u></u>

* Item was disposed
of during current year

Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

2006

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	S/L MM	4	2,090	12,279			2,090
2	900 HANCOCK IMPROVEME	20011029	1,371		100.00		1,371	25	S/L MM	4	55	318			55
3	1321 EWING BLDG COST	20010912	34,940		100.00		34,940	25	S/L MM	4	1,398	8,213			1,398
4	1321 EWING IMPROVEMEN	20020515	94,101		100.00		94,101	25	S/L MM	4	3,764	19,604			3,764
5	1405/07 LAFAYETTE BLD	20010815	42,466		100.00		42,466	25	S/L MM	4	1,699	10,123			1,699
6	1648 MADISON BLDG COS	20010912	42,891		100.00		42,891	25	S/L MM	4	1,716	10,081			1,716
7	1648 MADISON IMPROVEM	20020515	135,370		100.00		135,370	25	S/L MM	4	5,415	28,203			5,415
8	1654 MADISON BLDG COS	20010912	41,690		100.00		41,690	25	S/L MM	4	1,668	9,799			1,668
9	918 EASTERN BLDG COST	20010912	24,466		100.00		24,466	25	S/L MM	4	979	5,751			979
10	918 EASTERN IMPROVEME	20020520	8,613		100.00		8,613	25	S/L MM	4	345	1,797			345
11	1422 MADISON OFFICE I	20020801	55,914		100.00		55,914	30	S/L MM	3.333	1,864	9,242			1,864
12	PURCHASED COMPUTER EQ	20020115	5,674		100.00		5,674	5	S/L MQ	20	425	5,674			425
13	1654 MADISON IMPROVEM	20020624	104,901		100.00		104,901	25	S/L MM	4	4,196	21,455			4,196
14	409 OAKDALE BUILDING	20020922	36,993		100.00		36,993	25	S/L MM	4	1,480	7,215			1,480
15	409 OAKDALE IMPROVEME	20030505	1,092		100.00		1,092	25	S/L MM	4	44	185			44
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	S/L MM	4	2,700	12,488			2,700
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	S/L MM	4	630	2,651			630
20	955 HANCOCK BUILDING	20030213	62,279		100.00		62,279	25	S/L MM	4	2,491	11,106			2,491
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	S/L HY	8.333	49	213			49
23	1201 PROSPECT BUILDIN	20021203	54,365		100.00		54,365	25	S/L MM	4	2,175	10,059			2,175
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	S/L MM	4	53	236			53
26	900 HANCOCK IMPROVEME	20030320	106,280		100.00		106,280	25	S/L MM	4	4,251	18,598			4,251
27	1405/07 LAFAYETTE IMP	20030408	10,888		100.00		10,888	25	S/L MM	4	436	1,871			436
28	1654 MADISON IMPROVEM	20020901	32,415		100.00		32,415	25	S/L MM	4	1,297	6,323			1,297
29	1422 MADISON IMPROVEM	20021215	20,457		100.00		20,457	25	S/L MM	4	818	3,783			818
30	5/3 DONATED OFFICE EQ	20021007	18,000		100.00		18,000	10	S/L HY	10	1,800	7,830			1,800

* Item was disposed
of during current year

Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

2006

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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	S/L MM	3.333	3,256	15,873			3,256
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	S/L MM	4	496	1,509			496
40	409 OAKDALE IMPROV	20030707	39		100.00		39	25	S/L MM	4	2	7			2
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	S/L MM	4	3,089	11,197			3,089
43	918 EASTERN OTHER	20040426	97		100.00		97	25	S/L MM	4	4	13			4
44	921 FULTON IMPROVE	20040607	80,375		100.00		80,375	25	S/L MM	4	3,215	9,779			3,215
45	921 FULTON BLDG COST	20030731	155,905		100.00		155,905	25	S/L MM	4	6,236	24,684			6,236
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	S/L MM	4	3,451	12,510			3,451
49	955 HANCOCK OTHER	20040521	1,039		100.00		1,039	25	S/L MM	4	42	131			42
50	958 SIGSBEE IMPROVE	20040607	19,715		100.00		19,715	25	S/L MM	4	789	2,400			789
51	958 SIGSBEE BLDG COST	20031124	68,218		100.00		68,218	25	S/L MM	4	2,729	9,892			2,729
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	S/L MM	4	961	2,923			961
54	900 HANCOCK IMPROVE	20030721	1,012		100.00		1,012	25	S/L MM	4	40	159			40
55	1347 BUTLER IMPROVE	20040601	29,810		100.00		29,810	25	S/L MM	4	1,192	3,626			1,192
56	1347 BUTLER LAND	20031125	7,500	7,500	100.00			5		0					
57	1347 BUTLER	20031125	68,221		100.00		68,221	25	S/L MM	4	2,729	9,893			2,729
58	1405/07 LAFAYETTE IMP	20030929	11,085		100.00		11,085	25	S/L MM	4	443	1,680			443
59	1405/07 LAFAYETTE OTH	20040426	131		100.00		131	25	S/L MM	4	5	16			5
60	1422 MADISON IMPROVE	20030316	5,729		100.00		5,729	30	S/L MM	3.333	191	764			191

* Item was disposed
of during current year

Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

2006

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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	S/L HY	20	2,129	7,452			2,129
62	CUBICLES DONATED BY S	20031231	10,000		100.00		10,000	10	S/L HY	10	1,000	3,500			1,000
63	918 EASTERN IMPROVE	20040203	1,123		100.00		1,123	25	S/L MM	4	45	152			45
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	S/L MM	4	40	160			40
66	937 OAKDALE SE LAND C	20050301	67,078	67,078	100.00			5		0					
67	1167 MADISON SE IMPRO	20050115	4,940		100.00		4,940	25	S/L MM	4	198	487			198
68	TRUCK FOR RENTAL PROG	20040715	3,900		100.00		3,900	5	S/L HY	20	780	1,950			780
69	1451 GRANDVILLE IMPRO	20050301	136,952		100.00		136,952	25	S/L MM	4	5,478	12,554			5,478
70	409 OAKDALE IMPROVEME	20041116	1,992		100.00		1,992	25	S/L MM	4	80	210			80
71	921 FULTON IMPROVEMEN	20041130	184,104		100.00		184,104	25	S/L MM	4	7,364	19,331			7,364
72	955 HANCOCK OTHER	20050830	263		100.00		263	25	S/L MM	4	11	20			11
73	958 SIGSBEE IMPROVEME	20040930	49,497		100.00		49,497	25	S/L MM	4	1,980	5,528			1,980
74	1201 PROSPECT	20041029	79,887		100.00		79,887	25	S/L MM	4	3,195	8,653			3,195
75	1321 EWING OTHER	20040730	107		100.00		107	25	S/L MM	4	4	12			4
76	1347 BUTLER IMPROVEME	20040727	530		100.00		530	25	S/L MM	4	21	62			21
77	1405/07 LAFAYEETE IMP	20041101	689		100.00		689	25	S/L MM	4	28	73			28
78	1422 MADISON OTHER	20040805	678		100.00		678	25	S/L MM	4	27	78			27
79	1648 MADISON OTHER	20040730	140		100.00		140	25	S/L MM	4	6	17			6
80	1654 MADISON	20040730	141		100.00		141	25	S/L MM	4	6	17			6
81	918 EASTERN OTHER	20040730	103		100.00		103	25	S/L MM	4	4	12			4
82	250 DICKINSON	20060224	58,404		100.00		58,404	25	S/L MM	4	2,336	3,212			2,336
83	250 DICKINSON LAND	20060224	5,000	5,000	100.00			5		0					
84	739 OAKDALE IMPROVEME	20060327	1,385		100.00		1,385	25	S/L MM	4	55	71			55
85	900 HANCOCK	20060621	1,950		100.00		1,950	25	S/L MM	4	78	81			78
86	918 EASTERN IMPROVEME	20051108	680		100.00		680	25	S/L MM	4	27	44			27
87	921 FULTON IMPROVEMEN	20060613	3,825		100.00		3,825	25	S/L MM	4	153	159			153
88	937 OAKDALE IMPROVEME	20060417	2,864		100.00		2,864	25	S/L MM	4	115	139			115
89	954 ADAMS	20060620	6,613		100.00		6,613	25	S/L MM	4	265	276			265
90	1201 PROSPECT IMPROVE	20060523	950		100.00		950	25	S/L MM	4	38	43			38

* Item was disposed
of during current year

Depreciation Detail Listing

MANAGEMENT & GENERAL - 1

For your records only

2006

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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	S/L MM	4	101	105			101
92	1451 GRANDVILLE IMPRO	20051031	49,274		100.00		49,274	25	S/L MM	4	1,971	3,367			1,971
93	1648 MADISON IMPROVEM	20060424	545		100.00		545	25	S/L MM	4	22	27			22
94	DATA BASE SOFTWARE DE	20050920	16,875		100.00		16,875	5	S/L HY	20	3,375	5,063			3,375
95	1451 GRANDEVILLE IMPR	20050701	48,060		100.00		48,060	25	S/L MM	4	1,922	3,764			1,922
96	731 CROFTON	20061121	59,494		100.00		59,494	25	S/L MM	2.5	1,487	1,487			1,487
97	739 OAKDALE	20060706	255		100.00		255	25	S/L MM	3.833	10	10			10
98	921 FULTON	20061129	1,368		100.00		1,368	25	S/L MM	2.5	34	34			34
99	937 OAKDALE	20061103	1,518		100.00		1,518	25	S/L MM	2.5	38	38			38
100	954 ADAMS	20060801	1,628		100.00		1,628	25	S/L MM	3.5	57	57			57
101	955 HANCOCK	20060801	989		100.00		989	25	S/L MM	3.5	35	35			35
102	1201 PROSPECT BOILER	20061117	3,900		100.00		3,900	25	S/L MM	2.5	98	98			98
103	1321 EWING LIGHTS	20060705	757		100.00		757	25	S/L MM	3.833	29	29			29
104	1422 MADISON NEW OFFI	20060908	9,206		100.00		9,206	25	S/L MM	3.167	292	292			292
105	1648 MADISON	20060908	2,500		100.00		2,500	25	S/L MM	3.167	79	79			79
106	COMPUTER EQUIPMENT	20070618	5,786		100.00		5,786	5	S/L HY	10	579	579			579
Totals			2,760,951	181,351			2,579,600				108,300	411,510			108,300

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)

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 11200-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

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-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 02-15, 2008, 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, 2006, and ending 06-30, 2007

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	3a	\$
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	3b	\$
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	3c	\$

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