

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)

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01, 2007, and ending 06-30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, 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: Cash [] Accrual [X] 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? 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: www.lcgr.net

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,289,097

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

Table with columns for line number, description, and amount. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, and Excess or deficit.

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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 line 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) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
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	25a	62,100	43,470	13,662	4,968
b	Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	52,500	36,750	11,550	4,200
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)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26	326,436	227,726	71,128	27,582
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28	53,476	37,339	11,681	4,456
29	Payroll taxes	29	38,894	27,157	8,496	3,241
30	Professional fundraising fees	30				
31	Accounting fees	31	12,800	3,000	9,800	
32	Legal fees	32	61,767	58,083	3,684	
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36	5,290	4,526	713	51
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41	160,214	144,946	14,251	1,017
42	Depreciation, depletion, etc (attach schedule) STM108	42	111,249	95,183	14,995	1,071
43	Other expenses not covered above (itemize)					
a	RENTAL PROP OPERATIONS	43a	121,531	121,531		
b	PROG AQUISITION COSTS	43b	605,382	605,382		
c	LEAD REMEDIATION COSTS	43c	530,189	530,189		
d	HEALTHY NEIGHBORHOOD COS	43d	236,171	236,171		
e	INSURANCE	43e	33,029	28,259	4,724	46
f	OFFICE EXPENSE	43f	44,907	31,356	9,809	3,742
g	OTHER PROG COST, BADDEBT	43g	256,796	256,796		
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,712,731	2,487,864	174,493	50,374

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? ▶ <u>COMMUNITY REVITALIZATION</u> 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 <input type="checkbox"/>	481,714
b See SERVICES (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	718,641
c See SERVICES (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	670,189
d See SERVICES (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	203,110
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	414,210
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	2,487,864

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	322,027	45	100,097	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	790,542			
	b Less allowance for doubtful accounts		47b		
			586,810	47c	790,542
	48 a Pledges receivable				
	b Less allowance for doubtful accounts		48a		
				48b	
	49 Grants receivable	2,458,076	49	1,407,470	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	33,000	50a		
	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 Other notes and loans receivable (attach schedule)		51a		
	b Less allowance for doubtful accounts		51b	51c	
	52 Inventories for sale or use	1,008,569	52	378,546	
	53 Prepaid expenses and deferred charges		53		
54 a Investments - publicly-traded securities			54a		
b Investments - other securities (attach schedule)			54b		
55 a Investments - land, buildings, and equipment basis		55a			
b Less accumulated depreciation (attach schedule)		55b	55c		
56 Investments - other (attach schedule)	STM115 350,000	56	175,000		
57 a Land, buildings, and equipment basis	57a 2,760,950				
b Less accumulated depreciation (attach schedule)	STM116 57b 97,538	2,349,440	57c	2,663,412	
58 Other assets, including program-related investments (describe ▶ _____)		58			
59 Total assets (must equal line 74) Add lines 45 through 58	7,107,922	59	5,515,067		
L i a b i l i t i e s	60 Accounts payable and accrued expenses	144,043	60	156,815	
	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)	3,587,655	64b	3,615,785	
	65 Other liabilities (describe ▶ _____)		65		
66 Total liabilities. Add lines 60 through 65	3,731,698	66	3,772,600		
N e t A s s e t B a l a n c e 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	1,148,259	67	744,325	
	68 Temporarily restricted	2,227,965	68	998,142	
	69 Permanently restricted	0	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)	3,376,224	73	1,742,467	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	7,107,922	74	5,515,067		

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	1,277,729
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	1,277,729
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	1,277,729

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

a	Total expenses and losses per audited financial statements	a	2,712,731
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	2,712,731
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	2,712,731

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
BRUCE JOHNSON 515 OAKDALE SE GRAND RAPID MI 49507	MEMBER 1	0	0	0
JAMES JONES 1826 SYLVAN SE GRAND RAPID MI 40507	PRESIDENT 2	0	0	0
CYNTHIA DEENS 902 BATES SE GRAND RAPID MI 49507	MEMBER 1	0	0	0
TERRI BRISENO 1033 LAFAYETTE S GRAND RAPID MI 49507	SECRETARY 1	0	0	0
BRUCE MCCOY 2745 BIRCHCREST GRAND RAPID MI 49507	MEMBER 1	0	0	0
		0	0	0
JEREMY DE ROO 1422 MADISON AVE GRAND RAPID MI 49507	EX DIR 40	62,100	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 5		
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 the organization? See the instructions for the definition of "related organization " If "Yes," attach a statement that includes the information described in the instructions	75c	X
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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DAVE ALLEN 1422 MADISON A GRAND RAPID MI 49507	0	52,500	0	0

Part VI Other Information (See the instructions)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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	N/A
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
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84a	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?	N/A	
84b			
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		
85a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
85b			
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	X	
88b			
89a	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
89b			
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		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
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
89g			
90a	List the states with which a copy of this return is filed MI		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	12
91a	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)? 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	91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 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 ▶
 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 HOUSES					824,791
b PROGRAM INCOME					21,055
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	54,323	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					179,266
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	28,318	
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))				82,641	1,025,112
105 Total (add line 104, columns (B), (D), and (E))					1,107,753

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

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

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 HOUSE - THE ORG EX PURPOSE
97a	RENTAL INCOME FROM RENTING HOUSING TO LOW INCOME INDIVIDUALS- ORG

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
ROOSEVELT PARK COMMERCIAL LLC 1363 Grandville Ave, Grand Rapids Michigan 26-1361334	100 %	COM REAL ESTATE		144,000
	%			
	%			
	%			

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)

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

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

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer 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
	X

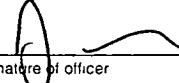
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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
	X

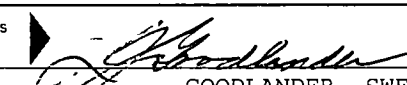
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer:  Date: 11/19/09

Type or print name and title: ~~PRESIDENT, PRESIDENT~~ Jeremy De Roo Executive Director

Paid Preparer's Use Only

Preparer's signature:  Date: 11/19/09 Check if self- Preparer's SSN or PTIN (See Gen Inst X) 385-41-5055

Firm's name (or yours if self-employed), address, and ZIP + 4: GOODLANDER, SWETT & RYER
3900 Costa NE
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

2007

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

Employer identification number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

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

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

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

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

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

Yes No

<p>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)</p> <p>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</p>	1		X
<p>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)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		X
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		X
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 8 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 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,514,399	2,034,759	1,242,142	3,112,136	7,903,436
16 Membership fees received	0	0	0	0	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	1,336,579	874,453	833,500	427,433	3,471,965
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	42,816	37,015	9,781	155	89,767
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	2,893,794	2,946,227	2,085,423	3,539,724	11,465,168
24 Line 23 minus line 17	1,557,215	2,071,774	1,251,923	3,112,291	7,993,203
25 Enter 1% of line 23	28,938	29,462	20,854	35,397	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 159,864
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 2003 through 2006 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 7,993,203
d Add: Amounts from column (e) for lines 18 <u>89,767</u> 19 _____ 22 _____ 26b _____					26d 89,767
e Public support (line 26c minus line 26d total)					26e 7,903,436
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.88%
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					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
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					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
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 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 2003 through 2006, 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/> <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/> <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/> <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 11 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	If the amount on line 40 is-		
	The lobbying nontaxable amount is-		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000	41	
	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		
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) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

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

Table with 3 columns: Question, Yes, No. Rows include transfers of cash/assets, other transactions (sales, purchases, rental, reimbursement, loans, services), and sharing of facilities.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization.

Schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

FEIN

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

**FORM 990, SCH FOR PART II, LINE 42
DEPRECIATION AND DEPLETION SCHEDULE**

Statement #108

<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
DEPRECIATION	<u>111,249</u>	<u>95,183</u>	<u>14,995</u>	<u>1,071</u>
TOTAL	<u><u>111,249</u></u>	<u><u>95,183</u></u>	<u><u>14,995</u></u>	<u><u>1,071</u></u>

PG 01

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

Statement #115

<u>Description</u>	<u>C/F</u>	<u>Beq of Year</u>	<u>End of Year</u>
INVEST OTHER	C	<u>350,000</u>	<u>175,000</u>
TOTAL		<u><u>350,000</u></u>	<u><u>175,000</u></u>

PG 01

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

Statement #116

<u>Category or Item</u>	<u>Basis</u>	<u>Accumulated Depreciation</u>	<u>End of Year</u>
LAND, BULID AND EQUI	<u>2,760,950</u>	<u>97,538</u>	<u>2,663,412</u>
TOTAL	<u><u>2,760,950</u></u>	<u><u>97,538</u></u>	<u><u>2,663,412</u></u>

Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

FORM 990, PART 1, LINE 9 SPECIAL EVENTS SCHEDULE

Statement #101

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
Gala	<u>39,686</u>	<u> </u>	<u>39,686</u>	<u>11,368</u>	<u>28,318</u>
TOTAL	<u><u>39,686</u></u>	<u><u> </u></u>	<u><u>39,686</u></u>	<u><u>11,368</u></u>	<u><u>28,318</u></u>

Statement of Program Service Accomplishments**2007 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 \$481714
Includes Foreign Grants NO

Explanation

MAINTAIN AND OPERATE 21 LOW INCOME RENTAL PROPERTIES

Statement of Program Service Accomplishments

2007 01

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

FORM 990, PART III (b)

Grants and Allocations \$0
Program Service Expenses \$718641
Includes Foreign Grants NO

Explanation

ACQUISITION, DEVELOPMENT AND RESALE COSTS FOR ACQUIRING AND SELLING LOW INCOME HOMES.

Statement of Program Service Accomplishments

2007 01

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

FORM 990, PART III (c)

Grants and Allocations \$0
Program Service Expenses \$670189
Includes Foreign Grants NO

Explanation

LEAD HAZARD REMEDIATIONS COSTS FOR 41 PROPERTIES

Statement of Program Service Accomplishments**2007 01**

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

FORM 990, PART III (d)

Grants and Allocations \$0
Program Service Expenses \$203110
Includes Foreign Grants NO

Explanation

HEALTHY NEIGHBORHOOD PROGRAM COSTS

Statement of Program Service Accomplishments

2007 01

Name(s) as shown on return

Your Social Security Number

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

FORM 990, PART III (e)

Grants and Allocations \$0
Program Service Expenses \$414210
Includes Foreign Grants NO

Explanation

Overflow Statement

Name(s) as shown on return

FEIN

LIGHTHOUSE COMMUNITIES, INC.

38-3537915

Ln 20 other changes in net assets of fund balances

Description	Amount
Record change in accounting method	\$ (198,755)
Total:	\$ -198,755

LN 43G

Description	Amount
OTHER PROGRAM DIRECT COSTS	\$ 180,668
BAD DEBT	76,128
Total:	\$ 256,796

* Item was disposed
of during current year

Depreciation Detail Listing

FORM 1120

For your records only

2007

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	Pnor expense	Bonus depreciation	AMT Current
1	900 HANCOCK BLDG COST	20010912	52,246		100.00		52,246	25	S/L MM	4	2,090	14,369			2,090
2	900 HANCOCK IMPROVEME	20011029	1,371		100.00		1,371	25	S/L MM	4	55	373			55
3	1321 EWING BLDG COST	20010912	34,940		100.00		34,940	25	S/L MM	4	1,398	9,611			1,398
4	1321 EWING IMPROVEMEN	20020515	94,101		100.00		94,101	25	S/L MM	4	3,764	23,368			3,764
5	1405/07 LAFAYETTE BLD	20010815	42,466		100.00		42,466	25	S/L MM	4	1,699	11,822			1,699
6	1648 MADISON BLDG COS	20010912	42,891		100.00		42,891	25	S/L MM	4	1,716	11,797			1,716
7	1648 MADISON IMPROVEM	20020515	135,370		100.00		135,370	25	S/L MM	4	5,415	33,618			5,415
8	1654 MADISON BLDG COS	20010912	41,690		100.00		41,690	25	S/L MM	4	1,668	11,467			1,668
9	918 EASTERN BLDG COST	20010912	24,466		100.00		24,466	25	S/L MM	4	979	6,730			979
10	918 EASTERN IMPROVEME	20020520	8,613		100.00		8,613	25	S/L MM	4	345	2,142			345
11	1422 MADISON OFFICE I	20020801	55,914		100.00		55,914	30	S/L MM	3.333	1,864	11,106			1,864
12	PURCHASED COMPUTER EQ	20020115	5,674		100.00		5,674	5		0		5,674			
13	1654 MADISON IMPROVEM	20020624	104,901		100.00		104,901	25	S/L MM	4	4,196	25,651			4,196
14	409 OAKDALE BUILDING	20020922	36,993		100.00		36,993	25	S/L MM	4	1,480	8,695			1,480
15	409 OAKDALE IMPROVEME	20030505	1,092		100.00		1,092	25	S/L MM	4	44	229			44
16	409 OAKDALE LAND COST	20020922	4,110	4,110	100.00		0	0		0					
17	739 OAKDALE BUILDING	20021209	67,500		100.00		67,500	25	S/L MM	4	2,700	15,188			2,700
18	739 OAKDALE LAND COST	20021209	7,500	7,500	100.00		0	0		0					
19	918 EASTERN IMPROVEME	20030505	15,747		100.00		15,747	25	S/L MM	4	630	3,281			630
20	955 HANCOCK BUILDING	20030213	62,279		100.00		62,279	25	S/L MM	4	2,491	13,597			2,491
21	955 HANCOCK LAND COST	20030213	7,000	7,000	100.00		0	0		0					
22	955 HANCOCK STOVE & F	20030213	587		100.00		587	12	S/L HY	8.333	49	262			49
23	1201 PROSPECT BUILDIN	20021203	54,365		100.00		54,365	25	S/L MM	4	2,175	12,234			2,175
24	1201 PROSPECT LAND CO	20021203	5,900	5,900	100.00		0	0		0					
25	1201 PROSPECT IMPROVE	20030210	1,334		100.00		1,334	25	S/L MM	4	53	289			53
26	900 HANCOCK IMPROVEME	20030320	106,280		100.00		106,280	25	S/L MM	4	4,251	22,849			4,251
27	1405/07 LAFAYETTE IMP	20030408	10,888		100.00		10,888	25	S/L MM	4	436	2,307			436
28	1654 MADISON IMPROVEM	20020901	32,415		100.00		32,415	25	S/L MM	4	1,297	7,620			1,297
29	1422 MADISON IMPROVEM	20021215	20,457		100.00		20,457	25	S/L MM	4	818	4,601			818
30	5/3 DONATED OFFICE EQ	20021007	18,000		100.00		18,000	10	S/L HY	10	1,800	9,630			1,800

* Item was disposed
of during current year

Depreciation Detail Listing

FORM 1120

For your records only

2007

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	S/L MM	3.333	3,256	19,129			3,256
32	1422 MADISON LAND COS	20020901	5,000	5,000	100.00		0	0		0					
33	900 HANCOCK LAND COST	20010912	5,500	5,500	100.00		0	0		0					
34	1321 EWING LAND COST	20010912	3,800	3,800	100.00		0	0		0					
35	1405/07 LAFAYETTE LAN	20010815	4,600	4,600	100.00		0	0		0					
36	1654 MADISON LAND COS	20010912	4,500	4,500	100.00		0	0		0					
37	918 EASTERN LAND COST	20010912	2,600	2,600	100.00		0	0		0					
38	1451 GRANDVILLE LAND	20040625	4,163	4,163	100.00		0	0		0					
39	409 OAKDALE IMPROVE	20040618	12,398		100.00		12,398	25	S/L MM	4	496	2,005			496
40	409 OAKDALE IMPROV	20030707	39		100.00		39	25	S/L MM	4	2	9			2
41	809 ADAMS LAND	20031125	8,500	8,500	100.00		0	0		0					
42	809 ADAMS BLDG COST	20031125	77,218		100.00		77,218	25	S/L MM	4	3,089	14,286			3,089
43	918 EASTERN OTHER	20040426	97		100.00		97	25	S/L MM	4	4	17			4
44	921 FULTON IMPROVE	20040607	80,375		100.00		80,375	25	S/L MM	4	3,215	12,994			3,215
45	921 FULTON BLDG COST	20030731	155,905		100.00		155,905	25	S/L MM	4	6,236	30,920			6,236
46	921 FULTON	20030731	17,000	17,000	100.00		0	0		0					
47	954 ADAMS LAND	20031125	9,500	9,500	100.00		0	0		0					
48	954 ADAMS BLDG COST	20031125	86,287		100.00		86,287	25	S/L MM	4	3,451	15,961			3,451
49	955 HANCOCK OTHER	20040521	1,039		100.00		1,039	25	S/L MM	4	42	173			42
50	958 SIGSBEE IMPROVE	20040607	19,715		100.00		19,715	25	S/L MM	4	789	3,189			789
51	958 SIGSBEE BLDG COST	20031124	68,218		100.00		68,218	25	S/L MM	4	2,729	12,621			2,729
52	958 SIGSBEE LAND	20031124	7,500	7,500	100.00		0	0		0					
53	1201 PROSPECT IMPROVE	20040607	24,031		100.00		24,031	25	S/L MM	4	961	3,884			961
54	900 HANCOCK IMPROVE	20030721	1,012		100.00		1,012	25	S/L MM	4	40	199			40
55	1347 BUTLER IMPROVE	20040601	29,810		100.00		29,810	25	S/L MM	4	1,192	4,818			1,192
56	1347 BUTLER LAND	20031125	7,500	7,500	100.00		0	0		0					
57	1347 BUTLER	20031125	68,221		100.00		68,221	25	S/L MM	4	2,729	12,622			2,729
58	1405/07 LAFAYETTE IMP	20030929	11,085		100.00		11,085	25	S/L MM	4	443	2,123			443
59	1405/07 LAFAYETTE OTH	20040426	131		100.00		131	25	S/L MM	4	5	21			5
60	1422 MADISON IMPROVE	20030316	5,729		100.00		5,729	30	S/L MM	3.333	191	955			191

* Item was disposed
of during current year

Depreciation Detail Listing

FORM 1120

For your records only

2007

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	Pnor expense	Bonus depreciation	AMT Current
61	COMPUTER EQUIPMENT	20031030	10,647		100.00		10,647	5	S/L HY	20	2,129	9,581			2,129
62	CUBICLES DONATED BY 5	20031231	10,000		100.00		10,000	10	S/L HY	10	1,000	4,500			1,000
63	918 EASTERN IMPROVE	20040203	1,123		100.00		1,123	25	S/L MM	4	45	197			45
64	1648 MADISON LAND	20010912	4,600	4,600	100.00		0	0		0					
65	1648 MADISON IMPROVEM	20021231	1,000		100.00		1,000	25	S/L MM	4	40	200			40
66	937 OAKDALE SE LAND C	20050301	67,078	67,078	100.00		0	0		0					
67	1167 MADISON SE IMPRO	20050115	4,940		100.00		4,940	25	S/L MM	4	198	685			198
68	1451 GRANDVILLE IMPRO	20050301	136,952		100.00		136,952	25	S/L MM	4	5,478	18,032			5,478
69	409 OAKDALE IMPROVEME	20041116	1,992		100.00		1,992	25	S/L MM	4	80	290			80
70	921 FULTON IMPROVEMEN	20041130	184,104		100.00		184,104	25	S/L MM	4	7,364	26,695			7,364
71	955 HANCOCK OTHER	20050830	263		100.00		263	25	S/L MM	4	11	31			11
72	958 SIGSBEE IMPROVEME	20040930	49,497		100.00		49,497	25	S/L MM	4	1,980	7,508			1,980
73	1201 PROSPECT	20041029	79,887		100.00		79,887	25	S/L MM	4	3,195	11,848			3,195
74	1321 EWING OTHER	20040730	107		100.00		107	25	S/L MM	4	4	16			4
75	1347 BUTLER IMPROVEME	20040727	530		100.00		530	25	S/L MM	4	21	83			21
76	1405/07 LAFAYEETE IMP	20041101	689		100.00		689	25	S/L MM	4	28	101			28
77	1422 MADISON OTHER	20040805	678		100.00		678	25	S/L MM	4	27	105			27
78	1648 MADISON OTHER	20040730	140		100.00		140	25	S/L MM	4	6	23			6
79	1654 MADISON	20040730	141		100.00		141	25	S/L MM	4	6	23			6
80	918 EASTERN OTHER	20040730	103		100.00		103	25	S/L MM	4	4	16			4
81	250 DICKINSON	20060224	58,404		100.00		58,404	25	S/L MM	4	2,336	5,548			2,336
82	250 DICKINSON LAND	20060224	5,000	5,000	100.00		0	0		0					
83	739 OAKDALE IMPROVEME	20060327	1,385		100.00		1,385	25	S/L MM	4	55	126			55
84	900 HANCOCK	20060621	1,950		100.00		1,950	25	S/L MM	4	78	159			78
85	918 EASTERN IMPROVEME	20051108	680		100.00		680	25	S/L MM	4	27	71			27
86	921 FULTON IMPROVEMEN	20060613	3,825		100.00		3,825	25	S/L MM	4	153	312			153
87	937 OAKDALE IMPROVEME	20060417	2,864		100.00		2,864	25	S/L MM	4	115	254			115
88	954 ADAMS	20060620	6,613		100.00		6,613	25	S/L MM	4	265	541			265
89	1201 PROSPECT IMPROVE	20060523	950		100.00		950	25	S/L MM	4	38	81			38
90	1422 MADISON IMPROVEM	20060605	2,518		100.00		2,518	25	S/L MM	4	101	206			101

* Item was disposed
of during current year

Depreciation Detail Listing

FORM 1120

For your records only

2007

PAGE 4

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
91	1451 GRANDVILLE IMPRO	20051031	49,274		100.00		49,274	25	S/L MM	4	1,971	5,338			1,971
92	1648 MADISON IMPROVEM	20060424	545		100.00		545	25	S/L MM	4	22	49			22
93	DATA BASE SOFTWARE DE	20050920	16,875		100.00		16,875	5	S/L HY	20	3,375	8,438			3,375
94	1451 GRANDEVILLE IMPR	20050701	48,060		100.00		48,060	25	S/L MM	4	1,922	5,686			1,922
95	731 CROFTON	20061121	59,494		100.00		59,494	25	S/L MM	4	2,380	3,867			2,380
96	739 OAKDALE	20060706	255		100.00		255	25	S/L MM	4	10	20			10
97	921 FULTON	20061129	1,368		100.00		1,368	25	S/L MM	4	55	89			55
98	937 OAKDALE	20061103	1,518		100.00		1,518	25	S/L MM	4	61	99			61
99	954 ADAMS	20060801	1,628		100.00		1,628	25	S/L MM	4	65	122			65
100	955 HANCOCK	20060801	989		100.00		989	25	S/L MM	4	40	75			40
101	1201 PROSPECT BOILER	20061117	3,900		100.00		3,900	25	S/L MM	4	156	254			156
102	1321 EWING LIGHTS	20060705	757		100.00		757	25	S/L MM	4	30	59			30
103	1422 MADISON NEW OFFI	20060908	9,206		100.00		9,206	25	S/L MM	4	368	660			368
104	1648 MADISON	20060908	2,500		100.00		2,500	25	S/L MM	4	100	179			100
105	COMPUTER EQUIPMENT	20070618	5,786		100.00		5,786	5	S/L HY	20	1,157	1,736			1,157
106	444 DIAMOND	20080627	126,981		100.00		126,981	25	S/L MM	.167	212	212			212
107	WIRING	20070914	80		100.00		80	25	S/L MM	3.167	3	3			3
108	1167 MADISON 2008 IMP	20080601	31,239		100.00		31,239	25	S/L MM	.167	52	52			52
109	1167 MADISON OTHER	20080430	264,506		100.00		264,506	25	S/L MM	.833	2,203	2,203			2,203
110	COMPUTER 2008 VARIOUS	20081221	4,264		100.00		4,264	5		0					
Totals			3,184,121	181,351			3,002,770				111,249	520,809			111,249

Land Amount
Net Depreciable Cost

3,184,121

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)

A corporation 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 1120-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 a corporation 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 <small>File by the due date for filing your return. See instructions.</small>	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 DeRoo

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 corporation required to file Form 990-T) extension of time until 02-17, 2009, 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, 2007, and ending 06-30, 2008

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