

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:

| | |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Address change |
| <input type="checkbox"/> | Name change |
| <input type="checkbox"/> | Initial return |
| <input type="checkbox"/> | Terminated |
| <input type="checkbox"/> | Amended return |
| <input type="checkbox"/> | Application pending |

C Name of organization: **LIGHTHOUSE INTERNATIONAL**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: _____
15 WEST 65TH STREET
 City or town, state or province, country, and ZIP or foreign postal code: _____
NEW YORK, NY 10023

D Employer identification number: **13-1096620**

E Telephone number: **(212) 821-9200**

F Name and address of principal officer: **MARK G. ACKERMANN**
15 WEST 65TH STREET NEW YORK, NY 10023

G Gross receipts \$ **33,977,331.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.LIGHTHOUSE.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1906** **M** State of legal domicile: **NY**

H(c) Group exemption number ▶ _____

Part I Summary

| | | | |
|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: LIGHTHOUSE INTERNATIONAL IS DEDICATED TO FIGHTING VISION LOSS THROUGH PREVENTION, TREATMENT AND EMPOWERMENT. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 10. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 8. |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 164. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 2,400. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 736,470. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 14,586,320. | 15,110,730. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,548,285. | 1,221,767. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,540,761. | 2,952,732. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -444,940. | 724,706. |
| | | 18,230,426. | 20,009,935. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 130,083. | 100,000. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 15,495,495. | 13,118,784. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 336,686. | 39,050. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,270,470. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 9,612,366. | 7,973,074. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 25,574,630. | 21,230,908. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -7,344,204. | -1,220,973. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 83,286,844. | 85,286,584. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 66,604,586. | 59,933,153. |
| | 16,682,258. | 25,353,431. | |

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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.

Sign Here

▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: **SCOTT THOMPSETT** Preparer's signature: _____ Date: **11/11/14** Check if self-employed PTIN: **P00741490**

Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**

Firm's address ▶ **666 THIRD AVENUE NEW YORK, NY 10017-4057** Phone no. **212-599-0100**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

[] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,779,012. including grants of \$ 0) (Revenue \$ 259,905.)

THE ETHEL AND SAMUEL J. LEFRAK CHILD DEVELOPMENT CENTER PROVIDES COMPREHENSIVE EDUCATIONAL SERVICES DESIGNED TO MEET THE INDIVIDUAL NEEDS OF CHILDREN WITH VISION IMPAIRMENT FROM AGE TWO TO FIVE. THE SCHOOL INCLUDES A CENTER BASED EARLY INTERVENTION PROGRAM AS WELL AS A UNIQUELY INTEGRATED PRESCHOOL, WHERE CHILDREN WHO ARE VISUALLY IMPAIRED OR BLIND LEARN ALONGSIDE THEIR FULLY SIGHTED PEERS FOR A MORE ENRICHED EDUCATIONAL EXPERIENCE FOR ALL.

4b (Code:) (Expenses \$ 1,885,379. including grants of \$ 0) (Revenue \$ 22,255.)

REHABILITATION AND YOUTH SERVICES EMPOWER PEOPLE WITH VISION LOSS TO ENJOY SAFE AND INDEPENDENT LIVES. THESE SERVICES HELP TEENS BUILD THE CONFIDENCE, SOCIALIZATION AND INDEPENDENT LIVING SKILLS THEY NEED TO ACHIEVE SUCCESS WHETHER IN SCHOOL AND, ULTIMATELY, AS ADULTS IN THE WORKING WORLD. CLIENTS ARE TAUGHT ORIENTATION AND MOBILITY SKILLS WHICH ALLOW THEM TO SAFELY NAVIGATE THE ENVIRONMENT THEY ARE IN. ADULTS LEARN THE SKILLS AND STRATEGIES NECESSARY TO MANAGE ACTIVITIES OF DAILY LIVING, INCLUDING HOUSEHOLD TASKS, FOOD PREPARATION AND COOKING, CLEANING, PERSONAL GROOMING, MEDICATION MANAGEMENT AND PERSONAL FINANCIAL MANAGEMENT.

4c (Code:) (Expenses \$ 1,912,164. including grants of \$ 0) (Revenue \$ 345,712.)

LOW VISION SERVICES INCLUDE SPECIALIZED EYE EXAMINATIONS BY OPTOMETRISTS SPECIALIZING IN LOW VISION TO EVALUATE A PERSON'S REMAINING VISION AND OVERALL VISUAL FUNCTION. THE GOALS OF WHICH ARE TO MAXIMIZE EXISTING VISION - OFTEN WITH THE USE OF PRESCRIBED OPTICAL DEVICES AND TECHNOLOGY- AND TO ENHANCE PATIENT'S QUALITY OF LIFE AT ANY AGE.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 6,352,698. including grants of \$ 100,069.) (Revenue \$ 593,895.)

4e Total program service expenses 14,929,253.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|------------|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | X |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. | 26 | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GEOVANY SALINAS 15 WEST 65TH STREET NEW YORK, NY 10023 212-821-9258

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1)ALAN R. MORSE (AS OF 12/23/13) CHIEF EXECUTIVE OFFICER | .50 39.50 | X | | X | | | | 0 | 1,197,775. | 158,064. |
| (2)MARK G. ACKERMANN PRESIDENT | 35.50 4.50 | X | | X | | | 571,274. | 0 | 0 | 101,742. |
| (3)JAMES M. DUBIN CHAIRMAN (AS OF 12/23/13) | .50 13.50 | X | | X | | | 0 | 0 | 0 | 0 |
| (4)LAWRENCE GOLDSCHMIDT DEPUTY CHAIR (AS OF 12/23/13) | .50 4.50 | X | | X | | | 0 | 0 | 0 | 0 |
| (5)ROBERT B. OKUN SECRETARY (AS OF 12/23/13) | .50 4.50 | X | | X | | | 0 | 0 | 0 | 0 |
| (6)JOSEPH A. RIPP VICE CHAIRMAN (AS OF 12/23/13) | .50 4.50 | X | | X | | | 0 | 0 | 0 | 0 |
| (7)SARAH E. SMITH TREASURER (AS OF 12/23/13) | .50 4.50 | X | | X | | | 0 | 0 | 0 | 0 |
| (8)JONATHAN M. WAINWRIGHT, ESQ. DEPUTY CHAIR (AS OF 12/23/13) | .50 4.50 | X | | X | | | 0 | 0 | 0 | 0 |
| (9)PAULINE RAIFF DIRECTOR (AS OF 12/23/13) | .50 4.50 | X | | | | | 0 | 0 | 0 | 0 |
| (10)RONALD G. WEINER DIRECTOR (AS OF 12/23/13) | .50 4.50 | X | | | | | 0 | 0 | 0 | 0 |
| (11)CHARLES S. COHEN DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | 0 |
| (12)MARIOS DAMIANIDES DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | 0 |
| (13)DONALD J. D'AMICO, MD DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | 0 |
| (14)HENRY P. DAVISON, II DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | 0 |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) | RICK FRIEDBERG DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (16) | THOMAS S.T. GIMBEL DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (17) | SHARON HANDLER LOEB DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (18) | KARIN HEHENBERGER, MD DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (19) | TRAVIS HOWE DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (20) | RAJIVE JOHRI DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (21) | JOHN PARTILLA DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (22) | RICHARD A. MARFUGGI, MD DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (23) | AMELIA QUIST-OGUNLESI DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (24) | STEPHANIE GOLDMAN-PITTEL DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| (25) | DOROTHY M. PHILIPS, PHD DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | | | 571,274. | 1,197,775. | 259,806. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,221,123. | 1,042,536. | 579,053. | |
| d Total (add lines 1b and 1c) | | | | | | | | 2,792,397. | 2,240,311. | 838,859. | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 27

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 4 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 14

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| 26) ELLEN F. RATNER DIRECTOR (THRU 12/12/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| 27) LAINE SIKLOS DIRECTOR (THRU 12/12/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| 28) CAROL V. SCHWARTZ, ESQ. DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| 29) ANN D. THIVIERGE DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| 30) LAWRENCE A. YANNUZZI, MD DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| 31) DAVID MALKIN, ESQ. DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| 32) DENNIS SPRUNG DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| 33) JACK DODICK, MD DIRECTOR (THRU 12/23/13) | 5.00 0 | X | | | | | 0 | 0 | 0 | |
| 34) MAURA SWEENEY (THRU 12/23/13) ASSIS. SEC./ SVP PROG. SRVS. | 35.50 4.50 | | | X | | | 380,505. | 0 | 33,757. | |
| 35) JOHN VLACHOS CHIEF FINANCIAL OFFICER | 40.00 0 | | | X | | | 391,469. | 0 | 46,179. | |
| 36) ROBERT HOAK SVP DEVELOPMENT | 35.50 4.50 | | | X | | | 318,502. | 0 | 51,465. | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **27**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (37) IRMA EVANS (AS OF 12/23/13) ASSISTANT SECRETARY | 35.50 4.50 | | | X | | | | 71,813. | 0 | 10,050. |
| (38) ELLIOT HAGLER (AS OF 12/23/13) CHIEF FINANCIAL OFFICER | .50 39.50 | | | X | | | | 0 | 373,761. | 105,122. |
| (39) CHARLES BLUM (AS OF 12/23/13) SVP AND GENERAL COUNCEL | .50 39.50 | | | X | | | | 0 | 76,704. | 0 |
| (40) KELLYANNE CAIVANO SENIOR VP FIN.(AS OF 12/23/13) | .50 39.50 | | | X | | | | 0 | 261,098. | 58,912. |
| (41) SARAH SPICEHANDLER ASSIS. SEC. (AS OF 12/23/13) | .50 39.50 | | | X | | | | 0 | 80,140. | 38,240. |
| (42) CATHLEEN WIRTS(AS OF 12/23/13) SVP STRAT., MARKETING & COMM | .50 39.50 | | | X | | | | 0 | 250,833. | 54,542. |
| (43) BRUCE P. ROSENTHAL CHIEF OF LOW VISION PROGRAMS | 40.00 0 | | | | | X | | 287,706. | 0 | 47,604. |
| (44) LISA FERFOGLIA VICE PRESIDENT, HUMAN RESOURCE | 40.00 0 | | | | | X | | 181,770. | 0 | 25,606. |
| (45) WILLIAM SEIPLE VP OF RESEARCH | 40.00 0 | | | | | X | | 197,658. | 0 | 21,997. |
| (46) PAUL GARRIN (THRU 12/12/2013) VICE PRESIDENT AND CIO | 40.00 0 | | | | | X | | 232,123. | 0 | 50,891. |
| (47) THOMAS HALTER DIRECTOR OF FINANCE | 40.00 0 | | | | | X | | 159,577. | 0 | 34,688. |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **27**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|--|----------------------|----------------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 1,595,645. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) . . | 1e | 5,034,826. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f | 8,480,259. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | 15,110,730. | | | |
| | Program Service Revenue | Business Code | | | | | |
| 2a DIRECT CLIENT SERVICE INCOME | | | 900099 | 1,221,767. | 1,221,767. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | 1,221,767. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 5 | | | 912,230. | | 462. | 911,768. |
| | 4 Income from investment of tax-exempt bond proceeds . . . | | | 0 | | | |
| | 5 Royalties | | | 32,806. | | | 32,806. |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | 6,041,294. | | | | | |
| | b Less: rental expenses | 5,305,286. | | | | | |
| | c Rental income or (loss) | 736,008. | | | | | |
| | d Net rental income or (loss) | | | 736,008. | | 736,008. | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 9,496,045. | | | | | |
| | b Less: cost or other basis and sales expenses | 7,455,543. | | | | | |
| | c Gain or (loss) | 2,040,502. | | | | | |
| | d Net gain or (loss) | | | 2,040,502. | | | 2,040,502. |
| | 8a Gross income from fundraising events (not including \$ 1,595,645. of contributions reported on line 1c). See Part IV, line 18 | a | 680,602. | | | | |
| | b Less: direct expenses | b | 680,602. | | | | |
| c Net income or (loss) from fundraising events | | | 0 | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | 0 | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 404,634. | | | | | |
| b Less: cost of goods sold | b | 525,965. | | | | | |
| c Net income or (loss) from sales of inventory | | | -121,331. | | | -121,331. | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11a SYMPOSIUM/LECTURE/TRAINING REVENUE | | 611600 | 22,690. | | | 22,690. | |
| b MISCELLANEOUS | | 900099 | 54,533. | | | 54,533. | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 77,223. | | | | |
| 12 Total revenue. See instructions | | | 20,009,935. | 1,221,767. | 736,470. | 2,940,968. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . | 0 | | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 100,000. | 100,000. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,408,465. | 1,070,785. | 104,206. | 233,474. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 8,733,373. | 6,277,817. | 1,086,740. | 1,368,816. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 428,336. | 328,988. | 28,919. | 70,429. |
| 9 Other employee benefits | 1,903,189. | 1,461,763. | 128,494. | 312,932. |
| 10 Payroll taxes | 645,421. | 495,722. | 43,576. | 106,123. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 453,309. | 3,267. | 413,388. | 36,654. |
| c Accounting | 269,700. | 13,648. | 254,642. | 1,410. |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 39,050. | | | 39,050. |
| f Investment management fees | 218,448. | | 218,448. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 1,488,849. | 1,160,960. | 268,550. | 59,339. |
| 12 Advertising and promotion | 110,377. | 110,377. | | |
| 13 Office expenses | 562,206. | 423,327. | 28,916. | 109,963. |
| 14 Information technology | 2,700. | 2,321. | 75. | 304. |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 1,460,061. | 1,016,425. | 262,790. | 180,846. |
| 17 Travel | 208,515. | 85,128. | 67,557. | 55,830. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 0 | | | |
| 20 Interest | 1,550,405. | 1,298,246. | 86,777. | 165,382. |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 1,048,719. | 913,017. | 38,107. | 97,595. |
| 23 Insurance | 0 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>BAD DEBT EXPENSE</u> | 449,337. | 151,418. | | 297,919. |
| b <u>MISCELLANEOUS EXPENSE</u> | 150,448. | 16,044. | | 134,404. |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 21,230,908. | 14,929,253. | 3,031,185. | 3,270,470. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 1,414,851. | 371,837. | | 1,043,014. |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 3,547,383. | 1 | 5,284,339. |
| | 2 Savings and temporary cash investments | 5,218,654. | 2 | 2,273,834. |
| | 3 Pledges and grants receivable, net | 6,465,794. | 3 | 7,389,177. |
| | 4 Accounts receivable, net | 1,405,204. | 4 | 1,046,464. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 1,140,000. | 7 | 760,000. |
| | 8 Inventories for sale or use | 192,061. | 8 | 216,666. |
| | 9 Prepaid expenses and deferred charges | 1,336,889. | 9 | 1,005,527. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 56,138,840. | | |
| | b Less: accumulated depreciation | 10b 35,042,544. | 22,545,827. | 10c 21,096,296. |
| | 11 Investments - publicly traded securities | 15,680,904. | 11 | 20,209,612. |
| | 12 Investments - other securities. See Part IV, line 11 | 25,345,466. | 12 | 25,439,929. |
| | 13 Investments - program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 408,662. | 15 | 564,740. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 83,286,844. | 16 | 85,286,584. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,660,796. | 17 | 3,501,976. |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 45,000,000. | 23 | 45,000,000. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 16,943,790. | 25 | 11,431,177. |
| | 26 Total liabilities. Add lines 17 through 25 | 66,604,586. | 26 | 59,933,153. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | -14,218,193. | 27 | -8,693,439. |
| | 28 Temporarily restricted net assets | 8,838,949. | 28 | 10,639,734. |
| | 29 Permanently restricted net assets | 22,061,502. | 29 | 23,407,136. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 16,682,258. | 33 | 25,353,431. |
| | 34 Total liabilities and net assets/fund balances | 83,286,844. | 34 | 85,286,584. |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 20,009,935. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21,230,908. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -1,220,973. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 16,682,258. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,385,701. |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 7,506,445. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 25,353,431. |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

| | | |
|--------|-----|----|
| | Yes | No |
| 11g(i) | | |
 - (ii) A family member of a person described in (i) above?

| | | |
|---------|-----|----|
| | Yes | No |
| 11g(ii) | | |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|----------|-----|----|
| | Yes | No |
| 11g(iii) | | |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (73.58%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (71.24%); 16a 33 1/3% support test - 2013 (checked); 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2009 | 2010 | 2011 | 2012 | 2013 | TOTAL |
|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| MISCELLANEOUS | 176,390. | 420,214. | 262,868. | 103,944. | 77,223. | 1,040,639. |
| SPECIAL EVENTS | 484,950. | 470,588. | 581,854. | 667,608. | 680,602. | 2,885,602. |
| TOTALS | <u>661,340.</u> | <u>890,802.</u> | <u>844,722.</u> | <u>771,552.</u> | <u>757,825.</u> | <u>3,926,241.</u> |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

JSA 3E1268 2.000

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 86.3672 %
c Temporarily restricted endowment 13.6328 %
The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) INVESTMENTS HELD UNDER SPLIT | | |
| (B) INTEREST AGREEMENTS | 4,082,731. | FMV |
| (C) MARKETABLE EQUITY LONG/SHORT | 1,906,283. | FMV |
| (D) MARKETABLE MULTI-STRATEGY | 9,037,185. | FMV |
| (E) INTEREST IN PERPETUAL TRUSTS | 10,413,730. | FMV |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 25,439,929. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CHARITABLE ANNUITY AGREEMENTS | 2,392,173. |
| (3) PENSION BENEFITS | 9,039,004. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 11,431,177. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 20,009,935.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 21,230,908.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V

LIGHTHOUSE'S ENDOWMENT IS COMPOSED OF 108 DONOR-RESTRICTED ENDOWMENTS THAT ARE MAINTAINED BY THE BANK OF NEW YORK MELLON. THE ENDOWMENT IS INTENDED TO BE USED TO SUPPORT THE LIGHTHOUSE'S CHARITABLE MISSION BY FUNDING FUTURE PROGRAMMATIC ACTIVITIES.

RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

| | |
|-------------------------------------|--------------|
| CHANGE IN SPLIT INTEREST AGREEMENTS | \$ 1,834,155 |
|-------------------------------------|--------------|

SCHEDULE D, PART XI, LINE 4B

| | |
|---|--------------|
| COST OF GOODS SOLD RECLASSIFIED FROM EXPENSES | \$ (525,965) |
|---|--------------|

| | |
|------------------------------|---------------|
| RECLASSIFIED RENTAL EXPENSES | \$(5,305,286) |
|------------------------------|---------------|

| | |
|-------|---------------|
| TOTAL | \$(5,831,251) |
|-------|---------------|

=====

RECONCILIATION OF EXPENSE

SCHEDULE D, PART XII, LINE 2D

| | |
|---|------------|
| COST OF GOODS SOLD RECLASSIFIED FROM EXPENSES | \$ 525,965 |
|---|------------|

| | |
|------------------------------|-------------|
| RECLASSIFIED RENTAL EXPENSES | \$5,305,286 |
|------------------------------|-------------|

| | |
|-------|-------------|
| TOTAL | \$5,831,251 |
|-------|-------------|

=====

Part XIII Supplemental Information (continued)

LIABILITY FOR UNCERTAIN TAX POSITION : FIN 48 (ASC 740)

PART X

THE LIGHTHOUSE FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING THE ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE LIGHTHOUSE IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE LIGHTHOUSE HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAYBE BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDED DECEMBER 31, 2010, 2011, 2012 AND 2013 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE LIGHTHOUSE HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

LIGHTHOUSE INTERNATIONAL

13-1096620

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) CENTRAL AMERICA/CARIBBEAN | | | INVESTMENTS | | 8,892,475. |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | | | | 8,892,475. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 8,892,475. |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

JSA
3E1274 1.000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region (if applicable) | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|------|--------------------------|--|----------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART IV, FOREIGN INVESTMENTS

LIGHTHOUSE INTERNATIONAL INVESTS IN VARIOUS LIMITED PARTNERSHIPS THAT MAY HAVE INTERESTS IN FOREIGN PARTNERSHIPS OR CORPORATIONS. BY VIRTUE OF ITS INVESTMENT HOLDINGS, THE LIGHTHOUSE LIKELY MADE TRANSFERS TO THESE FOREIGN PARTNERSHIPS OR CORPORATIONS, BUT THE AMOUNT TRANSFERRED MAY NOT HAVE MET THE THRESHOLDS REQUIRED FOR THE FILING OF THE FORMS REFERENCED IN PART IV OF SCHEDULE F.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 THE AUGUSTUS GROUP, INC. | CONSULTING | | X | 59,351. | 9,700. | 49,651. |
| 2 TRYLON DATA MANAGEMENT, INC. | CONSULTING | | X | 540,513. | 29,350. | 511,163. |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 599,864. | 39,050. | 560,814. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AZ, AR, CA, CO, CT, FL, GA, IL,
KS, KY, MD, MA, MI, MN, MS, MT, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|----------------------|--------------------------------|----------------------|---------------------------------|
| | | POSH (event type) | GALA/LIGHTYEAR (event type) | 5. (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 1,208,144. | 618,341. | 449,762. | 2,276,247. |
| | 2 Less: Contributions | 660,077. | 506,469. | 429,099. | 1,595,645. |
| | 3 Gross income (line 1 minus line 2) | 548,067. | 111,872. | 20,663. | 680,602. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | 100,000. | | 100,000. |
| | 7 Food and beverages | | 5,936. | 3,026. | 8,962. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 548,067. | 5,936. | 17,637. | 571,640. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 680,602. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | | |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|--|--|--|
| | | | | | |
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | <input type="checkbox"/> Yes _____% <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART II

LIGHTHOUSE INTERNATIONAL IS DEDICATED TO FIGHTING VISION LOSS THROUGH PREVENTION, TREATMENT AND EMPOWERMENT. ESSENTIAL TO LIGHTHOUSE'S MISSION IS ITS ONGOING FUNDRAISING EFFORTS THAT ENABLE IT TO PROVIDE SERVICES TO THE COMMUNITY IN SUPPORT OF OUR MISSION. TO THAT END, LIGHTHOUSE IS REPORTING, FOR 990 PURPOSES, AN AMOUNT AS "SERVICES RENDERED" THAT EQUALS THE EXPENSE OF CONDUCTING THE EVENT SINCE IT IS REASONABLE TO PROJECT

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

THAT THE COSTS OF HOLDING EACH EVENT WERE PASSED THROUGH TO THE ATTENDEES. FOR 990 REPORTING PURPOSES, THE LIGHTHOUSE HAS OPTED TO REPORT ITS SPECIAL EVENTS CONSISTENT WITH HOW THEY ARE PRESENTED IN THE FINANCIAL STATEMENTS. THE AMOUNTS REPORTED ON SCHEDULE G AND PART VIII, LINE 8 TIE BACK DIRECTLY TO SPECIAL EVENTS REVENUE AS REPORTED IN THE FINANCIAL STATEMENTS. THE \$680,602 IN SPECIAL EVENT EXPENSES, LIKEWISE, TIES BACK TO THE FINANCIAL STATEMENTS AND REPRESENTS DIRECT SPECIAL EVENT

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

EXPENSES. THE LIGHTHOUSE DOES INCUR INDIRECT AND OVERHEAD EXPENSES ON ITS SPECIAL EVENTS, BUT THOSE EXPENSES HAVE BEEN REPORTED ON PART IX, FUNCTIONAL EXPENSES, RATHER THAN ON PART VIII (AGAIN, SO THAT THE 990 TIES BACK TO THE FINANCIAL STATEMENTS).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LIGHTHOUSE INTERNATIONAL

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ----- | | | | | | | |
| (2) ----- | | | | | | | |
| (3) ----- | | | | | | | |
| (4) ----- | | | | | | | |
| (5) ----- | | | | | | | |
| (6) ----- | | | | | | | |
| (7) ----- | | | | | | | |
| (8) ----- | | | | | | | |
| (9) ----- | | | | | | | |
| (10) ----- | | | | | | | |
| (11) ----- | | | | | | | |
| (12) ----- | | | | | | | |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▲
- 3 Enter total number of other organizations listed in the line 1 table ▲

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

13-1096620

OMB No. 1545-0047

2013

Open to Public Inspection

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | ASSISTANCE TO VISUALLY IMPAIRED STUDENTS | 7. | 70,000. | | | |
| 2 | AWARD TO TREAT SEVERE VISION IMPAIRMENT | 1. | 30,000. | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

GRANTS AND AWARDS ARE BASED ON A WRITTEN APPLICATION AND ESSAY WHICH ARE SELECTED BY AN INTERNAL REVIEW COMMITTEE. IN ADDITION, THE PISART VISION AWARD IS GRANTED TO AN INDIVIDUAL WHO HAS MADE AN EXTRAORDINARY CONTRIBUTION TO THE PREVENTION, TREATMENT OR CURE OF SEVERE VISION IMPAIRMENT OR BLINDNESS. THE SELECTION IS MADE BY A COMMITTEE OF LIGHTHOUSE INTERNATIONAL PERSONNEL AND OTHER PROFESSIONALS. IN 2013, LIGHTHOUSE PROVIDED 8 SCHOLARSHIPS THAT TOTALED \$100,069.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|----|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | ALAN R. MORSE (AS OF 12/12) CHIEF EXECUTIVE OFFICER | 825,941. | 325,000. | 46,834. | 117,791. | 40,273. | 1,355,839. | 0 |
| | MARK G. ACKERMANN PRESIDENT | 369,879. | 199,219. | 2,176. | 70,400. | 31,342. | 673,016. | 0 |
| 2 | BRUCE P. ROSENTHAL CHIEF OF LOW VISION PROGRAMS | 244,583. | 39,677. | 3,446. | 23,409. | 24,195. | 335,310. | 0 |
| 3 | MAURA SWEENEY (THRU 12/12) ASSIS. SEC./ SVP PROG. SRVS. | 285,330. | 94,575. | 600. | 23,455. | 10,302. | 414,262. | 0 |
| 4 | JOHN VLACHOS CHIEF FINANCIAL OFFICER | 291,987. | 97,075. | 2,407. | 22,362. | 23,817. | 437,648. | 0 |
| 5 | LISA FERFOGLIA VICE PRESIDENT, HUMAN RESOURCE | 145,157. | 35,602. | 1,011. | 17,018. | 8,588. | 207,376. | 0 |
| 6 | ROBERT HOAK SVP DEVELOPMENT | 235,538. | 82,500. | 464. | 22,258. | 29,207. | 369,967. | 0 |
| 7 | WILLIAM SEIPLE VP OF RESEARCH | 167,974. | 26,424. | 3,260. | 18,135. | 3,862. | 219,655. | 0 |
| 8 | PAUL GARRIN (THRU 12/12) VICE PRESIDENT AND CIO | 197,970. | 33,619. | 534. | 22,124. | 28,767. | 283,014. | 0 |
| 9 | ELLIOT HAGLER (AS OF 12/12) CHIEF FINANCIAL OFFICER | 343,750. | 25,000. | 5,011. | 39,612. | 65,510. | 478,883. | 0 |
| 10 | KELLYANNE CAIVANO SENIOR VP FIN. (AS OF 12/23/13) | 246,148. | 12,000. | 2,950. | 32,889. | 26,023. | 320,010. | 0 |
| 11 | CATHLEEN WIRTS (AS OF 12/12) SVP STRAT., MARKETING & COMM | 243,061. | 7,000. | 772. | 32,591. | 21,951. | 305,375. | 0 |
| 12 | THOMAS HALTER DIRECTOR OF FINANCE | 153,716. | 5,000. | 861. | 14,935. | 19,753. | 194,265. | 0 |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4B

LIGHTHOUSE INTERNATIONAL HAS AN EXECUTIVE DEFERRED COMPENSATION PLAN, EFFECTIVE AS OF JANUARY 1, 2011, FOR THE PURPOSES OF PROVIDING RETIREMENT BENEFITS TO THE ORGANIZATION'S CURRENT PRESIDENT. THE PLAN CONSTITUTES A DEFERRED COMPENSATION PLAN AS DEFINED IN SECTION 457(F) OF THE INTERNAL REVENUE CODE. PRESIDENT, MARK G. ACKERMANN PARTICIPATES IN THIS PLAN AND THE ORGANIZATION CONTRIBUTED \$50,000 ON HIS BEHALF IN CALENDAR YEAR 2013.

RELATED ORGANIZATION, THE JEWISH GUILD FOR THE BLIND, ALSO MAINTAINS A SECTION 457(F) PLAN. ALAN MORSE, CHIEF EXECUTIVE OFFICER OF THE GUILD, PARTICIPATES IN THIS PLAN AND THE ORGANIZATION CONTRIBUTED \$84,291 ON HIS BEHALF IN CALENDAR YEAR 2013.

FORM 990, SCHEDULE J, PART I, LINE 7

AS DISCLOSED IN SCHEDULE J, PART II, COLUMN (B)(II), SEVERAL INDIVIDUALS RECEIVED BONUSES IN 2013. THESE BONUSES WERE PERFORMANCE BASED AND WERE DETERMINED BY THE COMPENSATION COMMITTEE UTILIZING OBJECTIVE CRITERIA. NO

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

INDIVIDUAL RECEIVING A BONUS HAD ANY DECISION-MAKING INPUT INTO THE BONUS

HE OR SHE RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

FORM 990, PART VI, SECTION A, LINE 4

EFFECTIVE DECEMBER 23, 2013, THE BY-LAWS OF LIGHTHOUSE WERE AMENDED TO DESIGNATE LGI PROGRAMS, LLC AS THE SOLE MEMBER OF LIGHTHOUSE. IN ADDITION, CHANGES WERE MADE TO THE DUTIES AND COMPOSITION OF THE ORGANIZATION'S OFFICERS, QUORUM REQUIREMENTS OF THE DIRECTORS AND THE SCOPE OF DUTIES OF VARIOUS BOARD COMMITTEES.

FORM 990, PART VI, SECTION A, LINE 6

EFFECTIVE DECEMBER 23, 2013, LGI PROGRAMS, LLC BECAME THE SOLE MEMEBER OF THE LIGHTHOUSE. SIMULTANEOUSLY, LIGHTHOUSE GUILD INTERNATIONAL, INC., A 501(C)(3) NOT-FOR-PROFIT CORPORATION, BECAME THE SOLE MEMBER OF LGI PROGRAMS, LLC.

FORM 990, PART VI, SECTION A, LINE 7A

LGI PROGRAMS, LLC, THE SOLE MEMBER, ELECTS THE BOARD MEMBERS OF LIGHTHOUSE ON AN ANNUAL BASIS.

PROCESS USED TO REVIEW FORM 990

FORM 990, PART VI, LINE 11

FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

WITH THE INTERNAL REVENUE SERVICE.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12

LIGHTHOUSE INTERNATIONAL'S CONFLICT OF INTEREST POLICY FOR DIRECTORS,
OFFICERS AND OTHER KEY EMPLOYEES IS AS FOLLOWS:

1. SCOPE: THE FOLLOWING STATEMENT OF POLICY APPLIES TO EACH MEMBER OF THE BOARD AND TO ALL OFFICERS OF LIGHTHOUSE INTERNATIONAL (LI). FURTHER, IT IS INTENDED TO SERVE FOR THE GUIDANCE OF ALL PERSONS EMPLOYED BY THE INSTITUTION REGARDLESS OF POSITION.

2. FIDUCIARY RESPONSIBILITY: MEMBERS OF THE BOARD, OFFICERS, AND STAFF SERVE A PUBLIC-INTEREST ROLE AND THUS HAVE A CLEAR OBLIGATION TO CONDUCT ALL AFFAIRS OF THE LIGHTHOUSE INTERNATIONAL IN A MANNER CONSISTENT WITH THIS CONCEPT. ALL DECISIONS OF THE BOARD AND OFFICERS OF THE ADMINISTRATION OF LIGHTHOUSE INTERNATIONAL ARE TO BE MADE SOLELY ON THE BASIS OF A DESIRE TO PROMOTE THE BEST INTERESTS OF LIGHTHOUSE INTERNATIONAL AND THE PUBLIC GOOD.

3. ANY BOARD MEMBER OR OFFICER MUST REPORT A CONFLICT, OR POTENTIAL CONFLICT, OF INTEREST IN THE EVENT THAT ANY TRANSACTION FOR LIGHTHOUSE INTERNATIONAL WHICH ALSO INVOLVES A 1)MEMBER OF THE BOARD OR ANY OFFICER OF LIGHTHOUSE INTERNATIONAL OR A MEMBER OF HIS OR HER FAMILY OR 2) AN ORGANIZATION WITH WHICH A MEMBER OF THE BOARD OR ANY OFFICER OF LIGHTHOUSE INTERNATIONAL IS AFFILIATED, SUCH BOARD MEMBER OR OFFICER, AT

| | |
|--|--|
| Name of the organization LIGHTHOUSE INTERNATIONAL | Employer identification number 13-1096620 |
|--|--|

THE FIRST KNOWLEDGE OF THE TRANSACTION, SHALL DISCLOSE FULLY THE PRECISE NATURE OF THE INTEREST OR INVOLVEMENT.

4. RESTRAINT ON PARTICIPATION: DIRECTORS OR OFFICERS WHO HAVE DECLARED OR BEEN FOUND TO HAVE CONFLICT OF INTEREST IN ANY MATTER BEFORE THE ADMINISTRATION OR THE BOARD SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTION, UNLESS FOR SPECIAL REASONS FOR THE BOARD OR ADMINISTRATION REQUESTS INFORMATION OR INTERPRETATION FROM THE PERSON OR PERSONS INVOLVED. THE PERSON OR PERSONS INVOLVED SHOULD NOT VOTE ON SUCH MATTERS AND SHOULD NOT BE PRESENTED AT THE TIME OF VOTE.

5. DISCIPLINARY ACTION: VIOLATION OF THESE STANDARDS BY A MEMBER OF THE BOARD OR BY THE PRESIDENT/CEO SHALL BE ADDRESSED BY THE BOARD. SANCTIONS AVAILABLE TO THE BOARD IN ITS DISCRETION RANGE FROM AN ORAL OR WRITTEN ADMONISHMENT TO REMOVAL OF A TRUSTEE FROM THE BOARD FOR CAUSE. IN ACCORDANCE WITH THE BYLAWS OF THE BOARD, ANY REMOVAL OF A MEMBER OF THE BOARD FOR CAUSE SHALL BE BY A VOTE OF TWO-THIRDS (2/3) OF ALL THE TRUSTEES TAKEN AT A REGULAR OR SPECIAL MEETING.

VIOLATIONS OF THESE STANDARDS BY A LIGHTHOUSE INTERNATIONAL OFFICER OTHER THAN THE PRESIDENT/CEO SHALL BE ADDRESSED BY THE PRESIDENT/CEO. SANCTIONS AVAILABLE TO THE PRESIDENT RANGE FROM AN ORAL OR WRITTEN ADMONISHMENT TO TERMINATION OF EMPLOYMENT.

ANY BOARD MEMBER OR OFFICER OF LIGHTHOUSE INTERNATIONAL WHO IS UNCERTAIN

| | |
|--|--|
| Name of the organization LIGHTHOUSE INTERNATIONAL | Employer identification number 13-1096620 |
|--|--|

ABOUT POSSIBLE CONFLICT OF INTEREST IN ANY MATTER, MAY REQUEST THE BOARD TO DETERMINE WHETHER A POSSIBLE CONFLICT PREVAILS; THE BOARD SHALL RESOLVE THE QUESTION BY MAJORITY VOTE. WHEN POSSIBLE, THE QUESTION OF POTENTIAL CONFLICT SHOULD BE REFERRED TO COUNSEL FOR AN OPINION PRIOR TO THE BOARD'S VOTE.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

THE FINANCE & ADMINISTRATION COMMITTEE OF THE BOARD OF DIRECTORS OF LIGHTHOUSE INTERNATIONAL REVIEWS AND APPROVES CORPORATE OFFICERS' COMPENSATION AND BENEFIT PROGRAMS INCLUDING THE 401K PLAN ANNUALLY, TO ENSURE THAT PROGRAMS ARE COMPETITIVE AND COST EFFECTIVE. COMPENSATION DECISIONS, INCLUDING SALARY, BONUS AND OTHER COMPENSATION, ARE RECOMMENDED TO THE FULL BOARD OF DIRECTORS FOR ITS APPROVAL. FOR ALL OTHER EMPLOYEES, INCLUDING KEY EMPLOYEES ALL RECOMMENDATIONS ARE REVIEWED BY HUMAN RESOURCES AND THE PRESIDENT/CEO. HUMAN RESOURCES REGULARLY REVIEWS COMPENSATION THROUGH VARIOUS EXTERNAL MARKET SURVEYS AND SOURCES. DELIBERATION INCLUDES EVALUATION OF INDIVIDUAL PERFORMANCE MEASURED AGAINST PERSONAL AND CORPORATE GOALS.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY MAKING THE COPY RETAINED AT ITS PLACE OF BUSINESS READILY AVAILABLE FOR PUBLIC INSPECTION. THE FORM 990 IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.LIGHTHOUSE.ORG AS WELL AS ON THE INTERNET AT WWW.GUIDESTAR.ORG.

| | |
|--|--|
| Name of the organization LIGHTHOUSE INTERNATIONAL | Employer identification number 13-1096620 |
|--|--|

THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

OTHER PROGRAM SERVICE ACTIVITIES

FORM 990, PART III, LINE 4D

IN ADDITION TO THE THREE LARGEST PROGRAM SERVICES, LIGHTHOUSE INTERNATIONAL UNDERTAKES THE FOLLOWING OTHER PROGRAM ACTIVITIES:

1) VOLUNTEERS AND READING SERVICES RECRUIT OUTSTANDING INDIVIDUALS INCLUDING COLLEGE INTERNS AND BUSINESS PROFESSIONALS WHO GIVE OF THEIR TIME AND EXPERTISE, VOLUNTEERING IN SUPPORT OF LIGHTHOUSE PROGRAMS AND ITS MISSION.

2) THE FILOMEN M. D'ASGOSTINO GREENBERG MUSIC SCHOOL IS THE ONLY COMMUNITY MUSIC SCHOOL PROGRAM FOR PEOPLE WITH VISION LOSS IN THE UNITED STATES, OFFERING ACCESSIBLE INSTRUCTION AND A MUSIC TECHNOLOGY CENTER.

3) CAREER, ACADEMIC AND TECHNOLOGY SERVICES ENABLE PEOPLE WHO ARE LEGALLY BLIND ACHIEVE THEIR ACADEMIC GOALS, PREPARE FOR, OBTAIN OR RETAIN A JOB IN THE COMPETITIVE MARKETPLACE, AND PROVIDE EVALUATION AND TRAINING ON THE USE OF ASSISTIVE TECHNOLOGY. SERVICES INCLUDE, ADULT BASIC EDUCATION, ENGLISH AS A SECOND LANGUAGE (ESL), GED, TUTORING AND COLLEGE PREPARATION, AND MATCHING EMPLOYERS WITH QUALIFIED CANDIDATES AND ENSURING WORKPLACE ACCESSIBILITY FOR EMPLOYEES WITH VISION LOSS.

| | |
|--|--|
| Name of the organization LIGHTHOUSE INTERNATIONAL | Employer identification number 13-1096620 |
|--|--|

4) CONSUMER PRODUCTS INCLUDE THE OPTICAL DISPENSARY AND RETAIL AND ONLINE LIGHTHOUSE STORE WHICH PROVIDE A WIDE RANGE OF LIGHTING, MAGNIFYING AND ADAPTIVE DEVICES - ALL OF WHICH ARE DESIGNED TO MAKE LIFE EASIER FOR PEOPLE WITH VISION LOSS - AVAILABLE TO THOSE WHO NEED THEM.

5) THE ARLENE R. GORDON RESEARCH INSTITUTE CONDUCTS STUDIES DESIGNED TO TRANSLATE SCIENTIFIC FINDINGS AND ADVANCES IN TECHNOLOGY INTO PRACTICAL SOLUTIONS THAT CAN HELP PEOPLE WHO ARE VISUALLY IMPAIRED FUNCTION MORE EFFECTIVELY IN EVERYDAY LIFE.

6) PUBLIC INFORMATION DISSEMINATES COMMUNICATIONS THROUGH VARIOUS MEDIA OUTLETS TO RAISE WIDESPREAD AWARENESS OF THE PREVALENCE OF VISION LOSS, AND TO PROMOTE THE IMPORTANCE OF PREVENTION AND EARLY INTERVENTION, AS WELL AS THE BENEFITS OF VISION REHABILITATION FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED.

7) EARLY INTERVENTION SERVICES ARE DEDICATED TO HELPING CHILDREN WITH VISUAL IMPAIRMENTS AND/OR DEVELOPMENTAL DELAYS FROM BIRTH TO THREE YEARS OF AGE. PROGRAMS HELP INFANTS AND TODDLERS WITH VISION PROBLEMS AND DEVELOPMENTAL DELAYS REACH THE SAME DEVELOPMENTAL MILESTONES AS THEIR PEERS. SERVICES ARE OFFERED TO CHILDREN IN THEIR HOME AS WELL AS IN A CLASSROOM SETTING IN THE CHILD DEVELOPMENT CENTER. DURING 2013, LIGHTHOUSE INTERNATIONAL CHANGED ITS HOME BASED EARLY INTERVENTION PROGRAM BY ELIMINATING SERVICE COORDINATION AND BEGAN TO OFFER HOME BASED VISION RELATED THERAPY ONLY. CHILDREN WITH NON-VISION RELATED THERAPY

| | |
|--|--|
| Name of the organization LIGHTHOUSE INTERNATIONAL | Employer identification number 13-1096620 |
|--|--|

NEEDS RECEIVED THOSE SERVICES FROM OTHER EARLY INTERVENTION PROVIDERS IN THE COMMUNITY.

8)SOCIAL SERVICES ASSIST PEOPLE AND THEIR FAMILIES AND CAREGIVERS IN ADJUSTING TO AND COPING WITH VISION LOSS, BY ADDRESSING THE EMOTIONAL AND PSYCHOLOGICAL IMPACT OF THE VISION LOSS SO THAT INDEPENDENCE, DIGNITY AND QUALITY OF LIFE ARE MAINTAINED. SERVICES ARE PROVIDED IN INDIVIDUAL AND GROUP SETTINGS.

9)OUTREACH ENCOMPASSES THE DEVELOPMENT OF STRATEGIC INITIATIVES AND ACTIVITIES TO ADVANCE AWARENESS OF VISION RELATED ISSUES, AND PROVIDES EDUCATION AND REFERRALS FOR THE FULL RANGE OF SERVICES PROVIDED BY LIGHTHOUSE INTERNATIONAL IN THE NEW YORK METROPOLITAN AREA.

10)POLICY AND ADVOCACY INCLUDES OUTREACH TO RAISE AWARENESS OF VISION IMPAIRMENT; AND ADVOCACY INITIATIVES, WHICH PROMOTE THE RIGHTS OF PEOPLE WITH VISION LOSS AND THEIR INCLUSION IN MAINSTREAM SOCIETY.

11)THE GRUNWALD TECHNOLOGY CENTER PROVIDES PEOPLE WHO ARE VISUALLY IMPAIRED WITH ACCESS AND INSTRUCTION ON USING ADVANCES IN TECHNOLOGY TO BETTER NAVIGATE THEIR LIVES. OUR TECHNOLOGY TEAM PROVIDES OUR STUDENT, CLIENTS AND PATIENTS WITH INSTRUCTION, TRAINING, DEMONSTRATIONS AND FORUMS, BOTH ON-SITE AND VIRTUALLY ON THE WEB, UTILIZING CUTTING-EDGE TECHNOLOGIES TO SIGNIFICANTLY ENHANCE THE LIVES OF PEOPLE WHO ARE VISUALLY IMPAIRED. BY REDUCING OR ELIMINATING MANY BARRIERS THAT PEOPLE

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

WITH VISION IMPAIRMENT EXPERIENCE, TECHNOLOGY CAN SIGNIFICANTLY IMPROVE
THE LIVES OF THOSE MOST IN NEED.

PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

| | |
|-------------------------------------|-------------|
| CHANGE IN SPLIT-INTEREST AGREEMENTS | \$1,834,155 |
| MINIMUM PENSION LIABILITY | \$5,821,773 |
| ADJUSTMENT TO INTERCOMPANY BALANCES | (\$149,483) |
| | ----- |
| TOTAL | \$7,506,445 |
| | ===== |

ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOUNDED IN 1905, LIGHTHOUSE INTERNATIONAL IS DEDICATED TO FIGHTING
VISION LOSS THROUGH PREVENTION, TREATMENT AND EMPOWERMENT. THE NEED
FOR VISION HEALTH CARE SERVICES IS MORE CRITICAL NOW THAN AT ANY TIME
IN OUR HISTORY DUE TO THE AGING OF OUR POPULATION AND CONDITIONS SUCH
AS MACULAR DEGENERATION AND DIABETES, WHICH ARE BOTH RISING IN RECORD
NUMBERS.

LIGHTHOUSE INTERNATIONAL IS RESPONDING TO THIS VISION LOSS EPIDEMIC
BY:

- PROVIDING MORE CRITICALLY NEEDED VISION HEALTHCARE SERVICES TO
PREVENT AND TREAT EYE DISEASE, AND TO REDUCE THE DISABLING EFFECTS OF

| | |
|---|---|
| Name of the organization LIGHTHOUSE INTERNATIONAL | Employer identification number 13-1096620 |
|---|---|

ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

VISION LOSS

- PRESERVING VISION THROUGH THE EARLY DETECTION AND MANAGEMENT OF EYE
DISORDERS FOR PEOPLE WITH OR AT RISK OF EYE DISEASE

- HELPING PEOPLE OF ALL AGES TO OVERCOME THE CHALLENGES OF VISION
LOSS AND EMPOWERING THEM TO MAINTAIN INDEPENDENCE AND PARTICIPATE IN
ALL ASPECTS OF DAILY LIFE

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|-----------------------------------|-----------------|-------------------|-----------------|
| 1. VOLUNTEERS AND READING SERVICE | 100,069. | 725,039. | 65,278. |
| 2. MUSIC SCHOOL | | 1,610,029. | 84,141. |
| 3. CAREER ACADEMIC AND TECHNOLOGY | | 814,544. | 0 |
| 4. CONSUMER PRODUCTS | | 425,124. | 443,386. |
| 5. RESEARCH | | 286,861. | 0 |
| 6. PUBLIC INFORMATION | | 1,070,519. | 0 |
| 7. EARLY INTERVENTION | | 304,473. | 0 |
| 8. SOCIAL SERVICES | | 599,873. | 1,090. |
| 9. OUTREACH | | 218,008. | 0 |
| 10. POLICY AND ADVOCACY | | 157,442. | 0 |
| 11. GRUNWALD CENTER | | 140,786. | 0 |
| TOTALS | <u>100,069.</u> | <u>6,352,698.</u> | <u>593,895.</u> |

| | |
|--|--|
| Name of the organization LIGHTHOUSE INTERNATIONAL | Employer identification number 13-1096620 |
|--|--|

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

AL, AZ, AR, CA, CT,

FL, GA, IL, KS, KY, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA,

RI, SC, UT, VA, WV, WI,

ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| GREYSTONE STAFFING, INC. 48 SOUTH SERVICE ROAD MELVILLE, NY 11747 | STAFFING | 673,041. |
| GRANT THORNTON, LLP 666 THIRD AVENUE NEW YORK, NY 10017 | ACCOUNTING SVCS | 428,965. |
| CADWALADER, WICKERSHAM & TAFT, LLP ONE WORLD FINANCIAL CENTER NEW YORK, NY 10281 | LEGAL | 419,133. |
| L.W. ROBBINS ASSOCIATES 201 SUMMER STREET HOLLISTON, MA 01746-5838 | DIRECT MAIL | 367,523. |
| NEUMAN'S 203 CHRYSTIE STREET NEW YORK, NY 10022 | CATERING SVCS | 292,096. |

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A) <u>TOTAL REVENUE</u> | (B) <u>RELATED OR EXEMPT REVENUE</u> | (C) <u>UNRELATED BUSINESS REV.</u> | (D) <u>EXCLUDED REVENUE</u> |
|------------------------------------|-----------------------------|---|---------------------------------------|--------------------------------|
| INTEREST AND DIVIDENDS | 488,068. | | | 488,068. |
| DISTRIBUTION FROM PERPETUAL TRUSTS | 379,367. | | | 379,367. |

| | |
|--|--|
| Name of the organization LIGHTHOUSE INTERNATIONAL | Employer identification number 13-1096620 |
|--|--|

ATTACHMENT 5 (CONT'D)

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>(A)</u> TOTAL REVENUE | <u>(B)</u> RELATED OR EXEMPT REVENUE | <u>(C)</u> UNRELATED BUSINESS REV. | <u>(D)</u> EXCLUDED REVENUE |
|-----------------------------------|--------------------------------|--|--|-----------------------------------|
| INTEREST (SOCIAL SERVICES) | 44,333. | | | 44,333. |
| INCOME (LOSS) FROM LP INVESTMENTS | 462. | | 462. | |
| TOTALS | <u>912,230.</u> | | <u>462.</u> | <u>911,768.</u> |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990. ▶ See separate instructions.
 ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) LIGHTHOUSE INTL REAL ESTATE HOLDINGS LLC 111 EAST 59TH STREET NEW YORK, NY 10022 | REAL ESTATE | DE | 8,697,390. | 23,283,090. | LIGHTHOUSE |
| (2) ----- | ----- | ----- | ----- | ----- | ----- |
| (3) ----- | ----- | ----- | ----- | ----- | ----- |
| (4) ----- | ----- | ----- | ----- | ----- | ----- |
| (5) ----- | ----- | ----- | ----- | ----- | ----- |
| (6) ----- | ----- | ----- | ----- | ----- | ----- |

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) THE JEWISH GUILD FOR THE BLIND D/B/A JEW 15 WEST 65TH STREET NEW YORK, NY 10023 | SEE PART V | NY | 501(C)(3) | 9 | LH GUILD | | X |
| (2) JGB HEALTH FACILITIES CORPORATION 15 WEST 65TH STREET NEW YORK, NY 10023 | SEE PART V | NY | 501(C)(3) | 9 | JEWISH GUILD | | X |
| (3) JGB REHABILITATION CORPORATION 15 WEST 65TH STREET NEW YORK, NY 10023 | SEE PART V | NY | 501(C)(3) | 9 | JEWISH GUILD | | X |
| (4) JGB EDUCATION SERVICES 15 WEST 65TH STREET NEW YORK, NY 10023 | SEE PART V | NY | 501(C)(3) | 2 | JEWISH GUILD | | X |
| (5) GUILDNET, INC. 15 WEST 65TH STREET NEW YORK, NY 10023 | SEE PART V | NY | 501(C)(3) | 9 | JEWISH GUILD | | X |
| (6) GREATER BOSTON GUILD FOR THE BLIND, INC. 15 WEST 65TH STREET NEW YORK, NY 10023 | SEE PART V | MA | 501(C)(3) | 9 | JEWISH GUILD | | X |
| (7) GREATER BOSTON DIABETES SOCIETY, INC. 15 WEST 65TH STREET NEW YORK, NY 10023 | SEE PART V | MA | 501(C)(3) | 9 | BOSTON GUILD | | X |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LIGHTHOUSE INTERNATIONAL

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Employer identification number

13-1096620

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | ----- | ----- | ----- | ----- | ----- | ----- |
| (2) | ----- | ----- | ----- | ----- | ----- | ----- |
| (3) | ----- | ----- | ----- | ----- | ----- | ----- |
| (4) | ----- | ----- | ----- | ----- | ----- | ----- |
| (5) | ----- | ----- | ----- | ----- | ----- | ----- |
| (6) | ----- | ----- | ----- | ----- | ----- | ----- |

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|--|-------|
| | | | | | | | Yes | No |
| (1) | JGB MENTAL HEALTH AND MENTAL RETARDATION 15 WEST 65TH STREET NEW YORK, NY 10023 20-1480790 | SEE PART V | NY | 501(C)(3) | 9 | JEWISH GUILD | | X |
| (2) | NATIONAL ASSOCIATION OF PARENTS OF CHILD 15 WEST 65TH STREET NEW YORK, NY 10023 74-2095442 | SEE PART V | MA | 501(C)(3) | 9 | JEWISH GUILD | | X |
| (3) | LIGHTHOUSE GUILD INTERNATIONAL, INC. 15 WEST 65TH STREET NEW YORK, NY 10023 46-4215298 | SEE PART V | NY | 501(C)(3) | 9 | N/A | | X |
| (4) | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (5) | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (6) | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |
| (7) | ----- | ----- | ----- | ----- | ----- | ----- | ----- | ----- |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Table with 11 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Includes rows (1) through (6).

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under section 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|---|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) ----- | | | | | | | | | | | | | |
| (2) ----- | | | | | | | | | | | | | |
| (3) ----- | | | | | | | | | | | | | |
| (4) ----- | | | | | | | | | | | | | |
| (5) ----- | | | | | | | | | | | | | |
| (6) ----- | | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | | |
| (8) ----- | | | | | | | | | | | | | |
| (9) ----- | | | | | | | | | | | | | |
| (10) ----- | | | | | | | | | | | | | |
| (11) ----- | | | | | | | | | | | | | |
| (12) ----- | | | | | | | | | | | | | |
| (13) ----- | | | | | | | | | | | | | |
| (14) ----- | | | | | | | | | | | | | |
| (15) ----- | | | | | | | | | | | | | |
| (16) ----- | | | | | | | | | | | | | |

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART II

- 1) PROVIDE SERVICES & EXPAND ACCESS TO CARE FOR THE BLIND OR VISUALLY IMPAIRED
- 2) ADULT DAY HEALTH CARE PROGRAMS
- 3) OUTPATIENT MEDICAL CLINIC
- 4) PRIVATE NONRESIDENTIAL SCHOOL
- 5) MANAGED LONG TERM CARE HEALTH PLANS
- 6) EDUCATION, TRAINING & SUPPORT TO THE VISUALLY IMPAIRED OR LEGALLY BLIND
- 7) PUBLIC EDUCATION - DIABETES PREVENTION & MANAGEMENT
- 8) PSYCHIATRIC CLINIC AND DAY TREATMENT PROGRAMS FOR BLIND/VISUALLY IMPAIRED
- 9) INFORMATION & EDUCATION FOR PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS
- 10) PROVIDE FULL SPECTRUM OF INTEGRATED VISION & HEALTHCARE SERVICES