

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: <input 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		D Employer identification number 13-1096620
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 EAST 59TH STREET		E Telephone number (212) 821-9200
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10022		G Gross receipts \$ 45,111,667.
	F Name and address of principal officer: MARK ACKERMANN 111 EAST 59TH STREET NEW YORK, NY 10022		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.LIGHTHOUSE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1906
			M State of legal domicile: NY

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	24.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	175.
	6	Total number of volunteers (estimate if necessary)	6	2,150.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	420,997.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	24,186,523.	15,681,017.
	9	Program service revenue (Part VIII, line 2g)	1,588,387.	1,636,512.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,205,080.	6,973,528.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,650,190.	630,944.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,630,180.	24,922,001.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,000.	102,000.
	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)	18,005,967.	17,873,160.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,650,979.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12,467,234.	8,886,860.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,533,201.	26,862,020.
19	Revenue less expenses. Subtract line 18 from line 12	96,979.	-1,940,019.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	98,370,290.	90,471,699.
	21	Total liabilities (Part X, line 26)	59,649,935.	67,132,619.
	22	Net assets or fund balances. Subtract line 21 from line 20	38,720,355.	23,339,080.

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 _____ Preparer's signature _____ Date 10/19/12
	Check if self-employed <input type="checkbox"/> PTIN P00504182
	Firm's name ▶ GRANT THORNTON LLP 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 (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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 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 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 and section 4947(a)(1) trusts 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 \$ 2,121,458. including grants of \$) (Revenue \$ 62,869.)

REHABILITATION SERVICES PROVIDE REHABILITATION AND TRAINING TO ASSIST INDIVIDUALS WITH IMPAIRED OR NO VISION LEARN NEW SKILLS, STRATEGIES FOR SAFE TRAVEL, AND TECHNIQUES TO MANAGE VARIOUS ACTIVITIES OF DAILY LIVING INCLUDING: HOME MAKING, FOOD PREPARATION COOKING, GROOMING, PERSONAL FINANCIAL MANAGEMENT, AND MEDICATION MANAGEMENT IN ORDER TO ENJOY SAFE AND INDEPENDENT LIVES.

4b (Code:) (Expenses \$ 4,524,402. including grants of \$) (Revenue \$ 309,102.)

THE CHILD DEVELOPMENT CENTER PROVIDES COMPREHENSIVE SERVICES TO MEET THE INDIVIDUAL NEEDS OF CHILDREN WITH VISION IMPAIRMENT FROM BIRTH TO AGE FIVE THROUGH AN EARLY INTERVENTION PROGRAM THAT HELPS TODDLERS WITH VISION PROBLEMS REACH DEVELOPMENTAL MILESTONES; AND A UNIQUELY INTEGRATED PRESCHOOL, WHERE CHILDREN WHO ARE VISUALLY IMPAIRED LEARN ALONGSIDE THOSE WITH FULLY FUNCTIONAL EYESIGHT FOR A MORE ENRICHED EDUCATIONAL EXPERIENCE.

4c (Code:) (Expenses \$ 2,266,951. including grants of \$) (Revenue \$ 663,087.)

LOW VISION SERVICES INCLUDE SPECIALIZED EYE EXAMINATION BY LOW VISION PROVIDERS, INCLUDING OPTOMETRISTS, TO EVALUATE A PERSON'S REMAINING VISION AND OVERALL VISUAL FUNCTION. THE GOALS ARE TO MAXIMIZE EXISTING VISION - OFTEN WITH THE USE OF PRESCRIBED OPTICAL DEVICES - AND TO ENHANCE QUALITY OF LIFE AT ANY AGE.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2
(Expenses \$ 11,348,986. including grants of \$ 102,000.) (Revenue \$ 601,454.)

4e Total program service expenses 20,261,797.

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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings, Form 990, 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 to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 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, 15, 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: JOHN VLACHOS 111 EAST 59TH STREET NEW YORK, NY 10022 212-821-9579

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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) MARK G. ACKERMANN PRESIDENT/CEO	45.00	X	X				436,800.	0	30,699.	
(2) ROGER GOLDMAN CHAIRMAN	5.00	X	X				0	0	0	
(3) JOSEPH A. RIPP VICE-CHAIR/TREASURER	5.00	X	X				0	0	0	
(4) JONATHAN M. WAINWRIGHT DIRECTOR	5.00	X	X				0	0	0	
(5) DEBORAH L. BERNSTEIN DIRECTOR	5.00	X					0	0	0	
(6) CHARLES S. COHEN DIRECTOR	5.00	X					0	0	0	
(7) DONALD J. D'AMICO, MD DIRECTOR	5.00	X					0	0	0	
(8) HENRY P. DAVISON II DIRECTOR	5.00	X					0	0	0	
(9) LINO GARCIA DIRECTOR	5.00	X					0	0	0	
(10) THOMAS S.T. GIMBEL DIRECTOR	5.00	X					0	0	0	
(11) STEPHANIE GOLDMAN-PITTEL DIRECTOR	5.00	X					0	0	0	
(12) ARLENE R. GORDON DIRECTOR	5.00	X					0	0	0	
(13) RAJIVE JOHRI DIRECTOR	5.00	X					0	0	0	
(14) WILLIAM MILLER DIRECTOR	5.00	X					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 (describe hours for related organizations in Schedule O)	(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) BARBARA A. MUNDER RIORDAN DIRECTOR	5.00	X						0	0	0
(16) AMELIA QUIST-OGUNLESI DIRECTOR	5.00	X						0	0	0
(17) JOHN PARTILLA DIRECTOR	5.00	X						0	0	0
(18) DOROTHY M. PHILIPS, PHD. DIRECTOR	5.00	X						0	0	0
(19) ELLEN RATNER DIRECTOR	5.00	X						0	0	0
(20) CAROL V. SCHWARTZ DIRECTOR	5.00	X						0	0	0
(21) LAINE SIKLOS DIRECTOR	5.00	X						0	0	0
(22) SARAH SMITH DIRECTOR	5.00	X						0	0	0
(23) ANN D. THIVIERGE DIRECTOR	5.00	X						0	0	0
(24) LAWRENCE A. YANNUZZI, MD DIRECTOR	5.00	X						0	0	0
(25) FRANK ANGELLO CHIEF FINANCIAL OFFICER	45.00			X				319,821.	0	18,830.
1b Sub-total								436,800.	0	30,699.
c Total from continuation sheets to Part VII, Section A								2,077,906.	0	451,798.
d Total (add lines 1b and 1c)								2,514,706.	0	482,497.

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 **▶** 30

	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 **▶** 9

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) THEODORE FRANCAVILLA EXECUTIVE VP & COC	45.00			X			332,259.	0	29,124.	
(27) MAURA SWEENEY SENIOR VP, COO	45.00			X			295,915.	0	21,130.	
(28) JOHN VLACHOS SENIOR VICE PRESIDENT/CFO	40.00			X			15,865.	0	0	
(29) BRUCE P. ROSENTHAL, OD, FAAQ CHIEF OF LOW VISION PROGRAMS	45.00					X	249,208.	0	29,132.	
(30) HOPE KESSLER SENIOR VP DEVELOPMENT	45.00					X	242,628.	0	171,137.	
(31) LISA FERFOGLIA VP, HUMAN RESOURCES	45.00					X	200,240.	0	16,414.	
(32) BARBARA GYDE SVP, CHIEF EXTERNAL AFFAIRS	45.00					X	194,327.	0	20,869.	
(33) CYNTHIA STUEN SVP, CHIEF PROFESSIONAL AFFAIRS	45.00					X	227,643.	0	145,162.	
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 **▶** 30

	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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,465,827.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	5,965,746.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	8,249,444.				
	g Noncash contributions included in lines 1a-1f: \$		23,090.				
	h Total. Add lines 1a-1f			15,681,017.			
	Program Service Revenue				Business Code		
2a DIRECT CLIENT SERVICE INCOME			900099	1,636,512.	1,636,512.		
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f				1,636,512.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 5			958,975.			958,975.
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			32,460.			32,460.
		(i) Real	(ii) Personal				
	6a Gross rents		4,208,099.				
	b Less: rental expenses		3,787,102.				
	c Rental income or (loss)		420,997.				
	d Net rental income or (loss)			420,997.		420,997.	
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		21,249,752.	5,000.			
	b Less: cost or other basis and sales expenses		15,240,199.				
	c Gain or (loss)		6,009,553.	5,000.			
	d Net gain or (loss)			6,014,553.			6,014,553.
	8a Gross income from fundraising events (not including \$ 1,465,827. of contributions reported on line 1c). See Part IV, line 18	a	581,854.				
	b Less: direct expenses	b	581,854.				
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	495,130.					
b Less: cost of goods sold	b	580,511.					
c Net income or (loss) from sales of inventory			-85,381.			-85,381.	
Miscellaneous Revenue			Business Code				
11a SYMPOSIUM/LECTURE/TRAINING REVENUE		611600	45,301.			45,301.	
b SETTLEMENT PROCEEDS		900099	111,947.			111,947.	
c MISCELLANEOUS		900099	105,620.			105,620.	
d All other revenue							
e Total. Add lines 11a-11d			262,868.				
12 Total revenue. See instructions			24,922,001.	1,636,512.	420,997.	7,183,475.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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	102,000.	102,000.		
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	2,514,706.	1,236,065.	701,910.	576,731.
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	11,494,294.	9,673,018.	615,232.	1,206,044.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,218,537.	959,646.	91,782.	167,109.
9 Other employee benefits	1,796,426.	1,375,413.	195,087.	225,926.
10 Payroll taxes	849,197.	668,776.	63,963.	116,458.
11 Fees for services (non-employees):				
a Management	0			
b Legal	161,156.	96,663.	44,787.	19,706.
c Accounting	234,962.	140,933.	65,299.	28,730.
d Lobbying	40,000.	23,992.	11,117.	4,891.
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	204,941.		204,941.	
g Other	2,463,867.	1,477,855.	684,741.	301,271.
12 Advertising and promotion	99,727.			99,727.
13 Office expenses	929,459.	621,983.	47,164.	260,312.
14 Information technology	45,292.	27,167.	12,587.	5,538.
15 Royalties	0			
16 Occupancy	1,120,830.	911,484.	34,458.	174,888.
17 Travel	245,276.	109,767.	62,741.	72,768.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	1,543,525.	1,307,551.	58,187.	177,787.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,110,867.	1,010,890.	22,217.	77,760.
23 Insurance	188,486.	153,281.	5,795.	29,410.
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>	265,500.	194,576.	14,507.	56,417.
b <u>MISCELLANEOUS EXPENSE</u>	232,972.	170,737.	12,729.	49,506.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	26,862,020.	20,261,797.	2,949,244.	3,650,979.
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)	1,320,401.	365,619.		954,782.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,325,594.	1	4,294,667.
	2 Savings and temporary cash investments	3,104,599.	2	1,941,640.
	3 Pledges and grants receivable, net	9,184,157.	3	7,952,788.
	4 Accounts receivable, net	1,344,992.	4	1,511,626.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	1,900,000.	7	1,520,000.
	8 Inventories for sale or use	152,635.	8	184,394.
	9 Prepaid expenses and deferred charges	379,821.	9	1,538,529.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,528,789.		
	b Less: accumulated depreciation	10b 31,741,735.	24,757,058.	10c 23,787,054.
	11 Investments - publicly traded securities	22,174,529.	11	19,398,457.
	12 Investments - other securities. See Part IV, line 11	32,970,585.	12	28,002,876.
	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	1,076,320.	15	339,668.
16 Total assets. Add lines 1 through 15 (must equal line 34)	98,370,290.	16	90,471,699.	
Liabilities	17 Accounts payable and accrued expenses	7,088,065.	17	5,414,334.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	38,544,057.	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 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	213,272.	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	13,804,541.	25	16,718,285.	
26 Total liabilities. Add lines 17 through 25	59,649,935.	26	67,132,619.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-4,693,162.	27	-16,841,509.
	28 Temporarily restricted net assets	21,728,521.	28	18,598,951.
	29 Permanently restricted net assets	21,684,996.	29	21,581,638.
	Organizations that do not follow SFAS 117, 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	38,720,355.	33	23,339,080.	
34 Total liabilities and net assets/fund balances	98,370,290.	34	90,471,699.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,922,001.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,862,020.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,940,019.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,720,355.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-13,441,256.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	23,339,080.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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 - Other

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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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 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) 2011

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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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 2011 (81.65%); 15 Public support percentage from 2010 Schedule A, Part II, line 14 (70.67%); 16a 33 1/3% support test - 2011; 16b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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, 2011, 2010. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2010 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2011, 2010. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2011. 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 - 2010. 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. Complete this part to 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	2007	2008	2009	2010	2011	TOTAL
MISCELLANEOUS			176,390.	420,214.	408,608.	1,005,212.
SPECIAL EVENTS	576,588.	1,284,207.	484,950.	470,588.	581,854.	3,398,187.
TOTALS	<u>576,588.</u>	<u>1,284,207.</u>	<u>661,340.</u>	<u>890,802.</u>	<u>990,462.</u>	<u>4,403,399.</u>

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization
LIGHTHOUSE INTERNATIONAL

Employer identification number
13-1096620

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) () (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **LIGHTHOUSE INTERNATIONAL**

Employer identification number
13-1096620

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 1,005,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 558,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **LIGHTHOUSE INTERNATIONAL**

Employer identification number

13-1096620

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **LIGHTHOUSE INTERNATIONAL**

Employer identification number
13-1096620

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2011

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

DESCRIPTION OF LOBBYING ACTIVITIES

PART II-B

LIGHTHOUSE INTERNATIONAL ENGAGES IN TWO METHODS OF LOBBYING, WHICH INCLUDE GRASSROOTS AND DIRECT CONTACT WITH LEGISLATORS OR THEIR STAFF, GOVERNMENT OFFICIALS OR A LEGISLATIVE BODY. GRASSROOTS LOBBYING IS ACCOMPLISHED BY CONTACTING THE PUBLIC THROUGH A LEGISLATIVE ACTION WEBSITE, WWW.LIGHTHOUSE.ORG/ADVOCACY, TO URGE THEM TO CONTACT THEIR LEGISLATORS OR OTHER GOVERNMENTAL OFFICIALS FOR THE PURPOSES OF MAKING THEM AWARE OF ISSUES RELATING TO VISION IMPAIRMENT. DIRECT CONTACT WITH LEGISLATORS OR THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY OCCURS THROUGH THE ENGAGING OF TWO LOBBYISTS (ONE ON THE FEDERAL LEVEL AND ONE ON THE NEW YORK STATE LEVEL) AS WELL AS OCCASIONAL VISITS TO WASHINGTON D.C. AND ALBANY, N.Y. BY MANAGEMENT AND THE CLINICAL TEAM.

THE AMOUNTS REPORTED ON SCHEDULE C (\$40,000) REPRESENT AMOUNTS THAT LIGHTHOUSE PAID TO A LOBBYIST TO ADVOCATE ON SIGHT-RELATED ISSUES FOR LIGHTHOUSE INTERNATIONAL.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

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. See separate instructions.

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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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 held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2011

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 XIV.

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? Yes No

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? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,703,627.	21,169,249.	19,614,894.	20,150,044.	
b Contributions	350,000.	50,000.	350,000.	1,566,803.	
c Net investment earnings, gains, and losses	-187,344.	1,657,157.	1,254,355.	-2,101,953.	
d Grants or scholarships					
e Other expenditures for facilities and programs	706,385.	1,191,410.	50,000.		
f Administrative expenses		1,981,369.			
g End of year balance	19,159,898.	19,703,627.	21,169,249.	19,614,894.	

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 ▶ 65.5000 %
 - c Temporarily restricted endowment ▶ 34.5000 %
- 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

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		353,490.		353,490.
b Buildings		44,603,744.	23,360,997.	21,242,747.
c Leasehold improvements				
d Equipment		10,571,555.	8,380,737.	2,190,818.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				23,787,055.

Part VII Investments - Other Securities. 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	3,401,789.	FMV
(B) INTEREST AGREEMENTS		
(C) MARKETABLE EQUITY LONG/SHORT	4,125,211.	FMV
(D) MARKETABLE MULTI-STRATEGY	11,737,644.	FMV
(E) INTEREST IN PERPETUAL TRUSTS	8,738,232.	FMV
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	28,002,876.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE ANNUITY AGREEMENTS	2,323,326.
(3) PENSION BENEFITS	14,394,959.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	16,718,285.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,922,001.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,862,020.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,940,019.
4	Net unrealized gains (losses) on investments	4	-6,894,284.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-6,546,971.
9	Total adjustments (net). Add lines 4 through 8	9	-13,441,256.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-15,381,274.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	17,921,225.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-6,894,284.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-482,062.
e	Add lines 2a through 2d	2e	-7,376,346.
3	Subtract line 2e from line 1	3	25,297,571.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	204,941.
b	Other (Describe in Part XIV.)	4b	-580,511.
c	Add lines 4a and 4b	4c	-375,570.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,922,001.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	27,237,590.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	580,511.
e	Add lines 2a through 2d	2e	580,511.
3	Subtract line 2e from line 1	3	26,657,079.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	204,941.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	204,941.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,862,020.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENTS

PART V

THE ORGANIZATION'S ENDOWMENT IS MAINTAINED BY THE BANK OF NEW YORK MELLON FOR THE PURPOSES OF FUNDING FUTURE PROGRAM SERVICES UNDERTAKEN BY THE LIGHTHOUSE. THE ENDOWMENT MAY ALSO BE USED TO MAKE FUTURE PRINCIPAL AND INTEREST PAYMENTS ON THE ORGANIZATION'S NEW YORK CITY INDUSTRIAL DEVELOPMENT AUTHORITY TAX-EXEMPT BONDS.

HISTORICALLY, THE LIGHTHOUSE FOLLOWED THE DISCLOSURE PROVISIONS OF, "ENDOWMENTS OF NOT-FOR-PROFIT ORGANIZATIONS," AS THE STATE OF NEW YORK HAD NOT YET ENACTED A VERSION OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UPMIFA"). AMONG OTHER THINGS, THIS GUIDANCE ADDRESSED THE NET ASSETS CLASSIFICATION OF DONOR RESTRICTED ENDOWMENT FUNDS FOR ORGANIZATIONS SUBJECT TO AN ENACTED VERSION OF THE 2006 UPMIFA. ON SEPTEMBER 17, 2010, NEW YORK STATE PASSED ITS OWN VERSION OF UPMIFA ("NYPMIFA") LEGISLATION, WHICH WAS CONSEQUENTLY APPLIED TO THE LIGHTHOUSE'S CONSOLIDATED FINANCIAL STATEMENTS AS OF DECEMBER 3, 2010.

A KEY COMPONENT OF THIS LEGISLATION IS A REQUIREMENT TO CLASSIFY THE REMAINING ACCUMULATIONS RELATED TO THE DONOR-RESTRICTED ENDOWMENT FUND THAT WERE PREVIOUSLY RECORDED AS ADDITIONS TO UNRESTRICTED NET ASSETS AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE LIGHTHOUSE BOARD OF DIRECTORS IN A MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY NYPMIFA. AS A RESULT OF THE ADOPTION OF NYPMIFA, THE LIGHTHOUSE RECLASSIFIED \$7,210,223 AS OF DECEMBER 31, 2010 FROM UNRESTRICTED NET ASSETS TO TEMPORARILY

Part XIV Supplemental Information (continued)

RESTRICTED ASSETS, REPRESENTING ACCUMULATED UNSPENT EARNINGS FROM
DONOR-RESTRICTED ENDOWMENT FUNDS.

RECONCILIATION OF NET ASSETS

PART XI, LINE 8

CHANGE SPLIT INTEREST AGREEMENTS	\$ (482,062)
LOSS ON EXTINGUISHMENT OF BONDS	\$ (2,581,145)
MINIMUM PENSION LIABILITY	\$ (3,483,764)

	\$ (6,546,971)

RECONCILIATION OF REVENUE & EXPENSE

SCHEDULE D, PART XII, LINE 2(D)

CHANGE IN SPLIT INTEREST AGREEMENTS	\$ (482,062)
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SCHEDULE D, PART XII, LINE 4(B) & SCHEDULE D, PART XIII, LINE 2(D)

COST OF GOODS SOLD RECLASSIFIED FROM EXPENSES	\$ 580,511
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Part XIV Supplemental Information (continued)

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

PART X

THE LIGHTHOUSE FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITIONS WHICH REQUIRE THAT A TAX POSITION BE RECOGNIZED OR DE-RECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. THE LIGHTHOUSE DOES NOT BELIEVE ITS ACTIVITIES RESULT IN ANY UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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" to 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		12,340,309.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					12,340,309.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					12,340,309.

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

Schedule F (Form 990) 2011

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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	(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" to 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

Name of the organization

LIGHTHOUSE INTERNATIONAL

**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. ▶ See separate instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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.

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 (add col. (a) through col. (c))	
		POSH SALE		GRUNWALD AWARD		4.		
		(event type)		(event type)		(total number)		
Revenue	1 Gross receipts	1,330,044.		343,052.		374,585.	2,047,681.	
	2 Less: Charitable contributions	984,812.		307,839.		173,176.	1,465,827.	
	3 Gross income (line 1 minus line 2)	345,232.		35,213.		201,409.	581,854.	
Direct Expenses	4 Cash prizes							
	5 Noncash prizes			623.			623.	
	6 Rent/facility costs	98,520.		22,892.			121,412.	
	7 Food and beverages	5,046.				2,470.	7,516.	
	8 Entertainment							
	9 Other direct expenses	241,666.		11,698.		198,939.	452,303.	
	10 Direct expense summary. Add lines 4 through 9 in column (d)							(581,854.)
	11 Net income summary. Combine line 3, column (d), and line 10							

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))
		Yes	No	Yes	No	Yes	No	
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	<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. Combine line 1, column d, and line 7							

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 ▶ _____

- 15a 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. Complete this part to 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).

FORM 990, 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 RESEARCH VISION DISORDERS, AS WELL AS PROVIDE EDUCATIONAL INFORMATION TO THE COMMUNITY.

LIGHTHOUSE INDEPENDENTLY TRACKS THE REVENUE GENERATED BY ITS FUNDRAISING

- 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 ▶ _____

- 15a 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. Complete this part to 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).

ENDEAVORS. ALL DATA IS COMPILED FOR FINANCIAL STATEMENT PURPOSES ON AN AGGREGATE BASIS, THEREFORE LIGHTHOUSE IS UNABLE TO DETERMINE PRECISELY HOW MUCH OF THE GROSS REVENUE GENERATED FROM SPECIAL EVENTS IS DERIVED FROM PURE CONTRIBUTIONS AND HOW MUCH FOR SERVICES RENDERED. 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 THAT THE COSTS OF HOLDING EACH EVENT WERE PASSED

- 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 ▶ _____

- 15a 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. Complete this part to 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).

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 \$581,854 IN SPECIAL EVENT EXPENSES, LIKEWISE, TIES BACK TO THE FINANCIAL STATEMENTS AND REPRESENTS DIRECT SPECIAL EVENT EXPENSES.

- 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 ▶ _____

- 15a 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. Complete this part to 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).

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)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

LIGHTHOUSE INTERNATIONAL

13-1096620

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. Check this box if no one recipient 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) (2011)

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	6.	72,000.			
2 ANNUAL AWARD TO TREAT SEVERE VISION IMPAIRMENT	6.	30,000.			
3					
4					
5					
6					
7					

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

GRANTS

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 2011, LIGHTHOUSE PROVIDED 12 SCHOLARSHIPS THAT TOTALED \$102,000.

**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.

OMB No. 1545-0047

2011

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 officers, directors, trustees, and 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. Explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- 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? **5a** X
- b** Any related organization? **5b** X
- 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? **6a** X
- b** Any related organization? **6b** X
- 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 **7** X

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 **8** X

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

	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) 2011

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		(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 MARK G. ACKERMANN	(i)	364,000.	72,800.	0	9,800.	20,899.	467,499.	0
	(ii)	0	0	0	0	0	0	0
2 FRANK ANGELLO	(i)	274,451.	45,370.	0	15,595.	3,235.	338,651.	0
	(ii)	0	0	0	0	0	0	0
3 THEODORE FRANCAVILLA	(i)	171,633.	13,750.	146,876.	9,561.	19,563.	361,383.	0
	(ii)	0	0	0	0	0	0	0
4 BRUCE P. ROSENTHAL, OD,	(i)	238,588.	10,620.	0	12,782.	16,350.	278,340.	0
	(ii)	0	0	0	0	0	0	0
5 MAURA SWEENEY	(i)	274,040.	21,875.	0	12,589.	8,541.	317,045.	0
	(ii)	0	0	0	0	0	0	0
6 HOPE KESSLER	(i)	231,388.	11,240.	0	155,788.	15,349.	413,765.	0
	(ii)	0	0	0	0	0	0	0
7 LISA FERFOGLIA	(i)	188,817.	11,423.	0	8,009.	8,405.	216,654.	0
	(ii)	0	0	0	0	0	0	0
8 BARBARA GYDE	(i)	194,327.	0	0	7,118.	13,751.	215,196.	0
	(ii)	0	0	0	0	0	0	0
9 CYNTHIA STUEN	(i)	213,153.	14,490.	0	141,576.	3,586.	372,805.	0
	(ii)	0	0	0	0	0	0	0
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 4A

SENIOR VICE PRESIDENT OF DEVELOPMENT, HOPE KESSLER AND SENIOR VICE

PRESIDENT, CHIEF PROFESSIONAL AFFAIRS, CYNTHIA STUEN WERE AWARDED

SEVERANCE THAT WAS ACCRUED AND REPORTED ON THE 2011 990, SCHEDULE J PART

II, COLUMN C, AS DEFERRED COMPENSATION. IN 2012, THEIR SEVERANCE AMOUNTS

WILL BE PAID AND REPORTED ON THEIR INDIVIDUAL W2S AND ON THE 2012 990 AS

OTHER COMPENSATION.

EXECUTIVE VICE PRESIDENT, THEODORE FRANCAVILLA RECEIVED A SEVERANCE

PAYMENT OF \$146,876 IN CALENDAR YEAR 2011. THIS SEVERANCE PAYMENT IS

REFLECTED IN SCHEDULE J, PART II, COLUMN B(3).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

LIGHTHOUSE INTERNATIONAL

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

2011

**Open to Public
Inspection**

Employer identification number

13-1096620

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 TRUSTEES FOR
DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY
TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING
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

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

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 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

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

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 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

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

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 PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. 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) CAREER SERVICES ENABLE PEOPLE WITH IMPAIRED VISION TO PREPARE FOR, OBTAIN OR RETAIN A JOB IN THE COMPETITIVE MARKETPLACE. MATCHING EMPLOYERS WITH QUALIFIED CANDIDATES AND ENSURING WORKPLACE ACCESSIBILITY FOR EMPLOYEES WITH VISION LOSS ARE KEY COMPONENTS. YOUTH SERVICES EMPOWER TEENS WITH VISION LOSS TO BUILD THE CONFIDENCE, SOCIALIZATION AND INDEPENDENT LIVING SKILLS THEY NEED TO ACHIEVE SUCCESS IN SCHOOL AND, ULTIMATELY, IN THE WORKING WORLD AS SELF-SUFFICIENT ADULTS.

2) HOME BASED EARLY INTERVENTION IS DEDICATED TO HELPING CHILDREN WITH

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

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.

3) 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 THE LIGHTHOUSE IN THE NEW YORK METROPOLITAN AREA.

4) MUSIC & PRINT ACCESS SERVICES INCLUDES THE FILOMEN M. D'AGOSTINO GREENBERG MUSIC SCHOOL, THE LARGEST COMMUNITY MUSIC SCHOOL FOR PEOPLE OF ALL AGES WITH VISION LOSS IN THE U.S.; AND READING, AUDIO AND BRAILLE SERVICES THAT MAKE PRINT MATERIALS ACCESSIBLE TO PEOPLE WITHOUT SIGHT. EDUCATION AND ADVOCACY - ACCREDITED PROFESSIONAL CONTINUING EDUCATION COURSES IN LOW VISION CARE AND VISION REHABILITATION, AS WELL AS PARAPROFESSIONAL TRAINING; 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. PUBLIC INFORMATION IS DISSEMINATED THROUGH VARIOUS MEDIA 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 PARTIALLY SIGHTED OR BLIND.

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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5) RESEARCH THAT ADVANCES THE UNDERSTANDING OF HOW PEOPLE WITH VISION LOSS FUNCTION IS CONDUCTED IN THE ARLENE R. GORDON RESEARCH INSTITUTE.

LIGHTHOUSE INTERNATIONAL IS THE ONLY VISION REHABILITATION ORGANIZATION THAT HAS A RESEARCH PROGRAM. INVESTIGATORS IN THIS UNIQUE INSTITUTE FOCUS PRIMARILY ON TWO AREAS: VISION SCIENCE, AND THE EVALUATION OF LIGHTHOUSE PROGRAMS AND SERVICES. CONSUMER PRODUCTS SPAN A WIDE RANGE OF LIGHTING, MAGNIFYING AND ADAPTIVE DEVICES- ALL OF WHICH ARE DESIGNED TO MAKE LIFE EASIER FOR PEOPLE WITH VISION LOSS.

6) VOLUNTEERS AND READING SERVICES RECRUIT OUTSTANDING INDIVIDUALS INCLUDING COLLEGE INTERNS AND BUSINESS PROFESSIONALS WHO GIVE OF THEIR TIME AND EXPERTISE TO SUPPORT OUR PROGRAMS AND MISSION.

7) 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.

8) SOCIAL SERVICES ASSIST PEOPLE AND THEIR FAMILIES/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.

9) PROFESSIONAL EDUCATION OFFERS ACCREDITED PROFESSIONAL CONTINUING EDUCATION COURSES IN LOW VISION CARE AND VISION REHABILITATION AS WELL AS

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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PARAPROFESSIONAL TRAINING.

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) 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. PARAPROFESSIONAL TRAINING.

RECONCILIATION OF NET ASSETS

PART XI, LINE 5

OTHER CHANGES IN NET ASSETS:

CHANGE SPLIT INTEREST AGREEMENTS	\$ (482,062)
LOSS ON EXTINGUISHMENT OF BONDS	\$ (2,581,145)
MINIMUM PENSION LIABILITY	\$ (3,483,764)
UNREALIZED GAIN/(LOSS)	\$ (6,894,284)

	\$ (13,441,226)

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

LIGHTHOUSE INTERNATIONAL FOR THE 21ST CENTURY: HELPING MILLIONS WITH VISION LOSS. FOUNDED IN 1905, LIGHTHOUSE INTERNATIONAL IS THE LEADING NON-PROFIT ORGANIZATION WORLDWIDE 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.

THE STATISTICS ARE COMPELLING: THERE ARE 314 MILLION PEOPLE WORLDWIDE THAT ARE VISUALLY IMPAIRED- 45 MILLION THAT ARE BLIND AND 269 MILLION THAT HAVE LOW VISION. IN THE U.S. ALONE, 20 MILLION PEOPLE AGE 45+ SELF-REPORT VISION IMPAIRMENT. 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 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

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
1. CAREER AND YOUTH SERVICES		1,121,690.	1,500.
2. EARLY INTERVENTION		1,750,660.	0
3. OUTREACH		238,504.	0
4. MUSIC AND PRINT ACCESS SERVICES		1,950,476.	73,102.
5. RESEARCH		432,483.	0
6. VOLUNTEER/SOCIAL SERVICES		1,085,639.	50,753.
7. CONSUMER PRODUCTS		1,007,874.	455,673.
8. SOCIAL SERVICES		638,184.	20,426.
9. EDUCATION AND ADVOCARY		443,676.	0
10. POLICY AND ADVOCACY	102,000.	809,466.	0
11. PUBLIC INFORMATION		1,870,334.	0
TOTALS	<u>102,000.</u>	<u>11,348,986.</u>	<u>601,454.</u>

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 4990, 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	PER DIEM STAFFING	575,597.

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MELVILLE, NY 11747		
L.W. ROBBINS ASSOCIATES 201 SUMMER STREET HOLLISTON, MA 01746-5838	DIRECT MAIL	395,458.
CHANGING OUR WORLD, INC. 220 EAST 42ND STREET, 5TH FL NEW YORK, NY 10017	CONSULTING	300,213.
MARC ROSEN ASSOCIATES PO BOX 1307 NEW YORK, NY 10021	EVENT CONSULTANT	260,000.
GRANT THORNTON LLP 666 THIRD AVE, 13TH FL NEW YORK, NY 10017	ACCOUNTING	251,667.
	TOTAL COMPENSATION	<u>1,782,935.</u>

ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST AND DIVIDENDS	546,999.			546,999.
DISTRIBUTION FROM PERPETUAL TRUSTS	326,786.			326,786.
INTEREST (SOCIAL SERVICES/NAVH)	85,190.			85,190.
TOTALS	<u>958,975.</u>			<u>958,975.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: Lighthouse Intl Real Estate Holdings LLC, REAL ESTATE, DE, 4,414,672, 24,074,834, LIGHTHOUSE.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership. Rows 1-7 are dashed.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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. Rows 1-7 are dashed.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

Table with columns for transaction type (1a-1r), Yes, and No. Rows include: 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? 1a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity, 1b Gift, grant, or capital contribution to related organization(s), 1c Gift, grant, or capital contribution from related organization(s), 1d Loans or loan guarantees to or for related organization(s), 1e Loans or loan guarantees by related organization(s), 1f Sale of assets to related organization(s), 1g Purchase of assets from related organization(s), 1h Exchange of assets with related organization(s), 1i Lease of facilities, equipment, or other assets to related organization(s), 1j Lease of facilities, equipment, or other assets from related organization(s), 1k Performance of services or membership or fundraising solicitations for related organization(s), 1l Performance of services or membership or fundraising solicitations by related organization(s), 1m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s), 1n Sharing of paid employees with related organization(s), 1o Reimbursement paid to related organization(s) for expenses, 1p Reimbursement paid by related organization(s) for expenses, 1q Other transfer of cash or property to related organization(s), 1r 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 other organization, (b) Transaction type (a-r), (c) Amount involved, (d) Method of determining amount involved. Rows are numbered (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).

Department of the Treasury
Internal Revenue Service

For calendar year 2011 or other tax year beginning _____, 2011, and ending _____, 20____. **See separate instructions.**

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year 90,471,699.</p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) LIGHTHOUSE INTERNATIONAL</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 111 EAST 59TH STREET</p> <p>City or town, state, and ZIP code NEW YORK, NY 10022</p>	<p>D Employer identification number (Employees' trust, see instructions.) 13-1096620</p> <p>E Unrelated business activity codes (See instructions.) 531390 532000</p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(e)								
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)								
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)								
<p>F Group exemption number (See instructions.) ▶</p>		<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>							

H Describe the organization's primary unrelated business activity. ▶ **OPERATION OF A CONFERENCE CENTER**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **JOHN VLACHOS** Telephone number ▶ **212-821-9579**

		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Schedule A, line 7)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4a Capital gain net income (attach Schedule D)	3			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from partnerships and S corporations (attach statement)	4c			
6 Rent income (Schedule C)	5	-2,996.	ATCH 1	-2,996.
7 Unrelated debt-financed income (Schedule E)	6			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	7	2,190,419.	1,628,517.	561,902.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8			
10 Exploited exempt activity income (Schedule I)	9			
11 Advertising income (Schedule J)	10			
12 Other income (See instructions; attach schedule.)	11			
13 Total. Combine lines 3 through 12	12	2,017,680.	ATCH 2	2,017,680.
	13	4,205,103.	1,628,517.	2,576,586.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15			613,359.
16 Repairs and maintenance	16			
17 Bad debts	17			
18 Interest (attach schedule)	18	ATTACHMENT 3		371,989.
19 Taxes and licenses	19			250.
20 Charitable contributions (See instructions for limitation rules.)	20			
21 Depreciation (attach Form 4562)	21	287,195.		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			
	22b			287,195.
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25			121,865.
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule)	28	ATTACHMENT 4		764,175.
29 Total deductions. Add lines 14 through 28	29			2,158,833.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			417,753.
31 Net operating loss deduction (limited to the amount on line 30)	31			417,753.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32			
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33			1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34			

Part III Tax Computation

Table with 3 columns: Description, Amount, and Reference. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Reference. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments (A 2010 overpayment credited to 2011, 2011 estimated tax payments, Tax deposited with Form 8868, Foreign organizations, Backup withholding, Credit for small employer health insurance premiums, Other credits and payments), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, and No. Questions include: 1. At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3. Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Amount, and Reference. Rows include Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, Inventory at end of year, Cost of goods sold, and Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer, Date, Title, and a box asking if the IRS may discuss the return with the preparer shown below.

Paid Preparer Use Only section containing fields for Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, and Phone no.

NEW YORK, NY 10017-4057

Form 990-T (2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property description (1-4)

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute col. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5) . . . ▶		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total . Enter here and on page 1, Part II, line 14. ▶			

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INVESTMENTS IN LIMITED PARTNERSHIPS	-2,996.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-2,996.</u>

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

CONFERENCE CENTER INCOME	2,017,680.
PART I - LINE 12 - OTHER INCOME	<u>2,017,680.</u>

ATTACHMENT 3

FORM 990T - PART II - LINE 18 - INTEREST

ALLOCABLE INTEREST

371,989.

PART II - LINE 18 - INTEREST

371,989.

ATTACHMENT 4FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TRAVEL & ENTERTAINMENT	287,416.
PROFESSIONAL SERVICES	86,664.
OCCUPANCY	218,500.
SUPPLIES & EQUIPMENT	57,531.
POSTAGE & PRINTING	7,285.
MISCELLANEOUS	106,779.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>764,175.</u>

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 5

1. <u>DESCRIPTION OF DEBT-FINANCED PROPERTY</u>	2. <u>GROSS INCOME</u>	3. DEDUCTIONS DIRECTLY CONNECTED		4. <u>AVERAGE ACQUISITION DEBT</u>	5. <u>AVERAGE ADJUSTED BASIS</u>	6. <u>% 4 IS OF 5</u>	7. <u>GROSS INCOME REPORTABLE (2 X 6)</u>	8. <u>ALLOCABLE DEDUCTIONS 6 * (3A + 3B)</u>
		<u>(3A)</u>	<u>(3B)</u>					
BUILDING - UBI PORTION 24.4%	2,190,419.	451,227.	1,177,290.	40,642,500.	21,584,552.	100.000	2,190,419.	1,628,517.
				TOTALS			<u>2,190,419.</u>	<u>1,628,517.</u>