

# 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)

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 2012 calendar year, or tax year beginning** , 2012, and ending , 20

<b>B</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	<b>C Name of organization</b> LIGHTHOUSE INTERNATIONAL			<b>D Employer identification number</b> 13-1096620	
	Doing Business As			<b>E Telephone number</b> (212) 821-9200	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 EAST 59TH STREET				
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10022			<b>G Gross receipts \$</b> 34,601,039.	
<b>F Name and address of principal officer:</b> MARK G. ACKERMANN 111 EAST 59TH STREET NEW YORK, NY 10022					
<b>I Tax-exempt status:</b> <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			<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. (see instructions)		
<b>J Website:</b> ▶ WWW.LIGHTHOUSE.ORG			<b>H(c) Group exemption number</b> ▶		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation:</b> 1906 <b>M State of legal domicile:</b> NY		

**Part I Summary**

<b>Activities &amp; Governance</b>	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 2012 (Part V, line 2a)	5	205.
	6	Total number of volunteers (estimate if necessary)	6	2,500.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-432,707.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-432,957.
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	15,681,017.	14,586,320.
	9	Program service revenue (Part VIII, line 2g)	1,636,512.	1,548,285.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,973,528.	2,540,761.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	630,944.	-444,940.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,922,001.	18,230,426.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	102,000.	130,083.
	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)	17,873,160.	15,495,495.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	336,686.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,254,806.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,886,860.	9,612,366.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26,862,020.	25,574,630.
19	Revenue less expenses. Subtract line 18 from line 12	-1,940,019.	-7,344,204.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	90,471,699.	83,286,844.
	21	Total liabilities (Part X, line 26)	67,132,619.	66,604,586.
22	Net assets or fund balances. Subtract line 21 from line 20	23,339,080.	16,682,258.	

**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.

<b>Sign Here</b>	▶ Signature of officer	Date			
	▶ Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 9/16/2013	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	EIN ▶ 36-6055558		Phone no. ▶ 212-599-0100	
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057				
May the IRS discuss this return with the preparer shown above? (see instructions)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

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 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 \$ 2,118,784. including grants of \$ ) (Revenue \$ 53,995. )

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

4b (Code: ) (Expenses \$ 4,254,737. including grants of \$ ) (Revenue \$ 241,297. )

THE ETHEL AND SAMUEL J. LEFRAK CHILD DEVELOPMENT CENTER PROVIDES COMPREHENSIVE EDUCATIONAL SERVICES TO MEET THE INDIVIDUAL NEEDS OF CHILDREN WITH VISION IMPAIRMENT FROM AGE THREE TO FIVE THROUGH A UNIQUELY INTEGRATED PRESCHOOL, WHERE CHILDREN WHO ARE VISUALLY IMPAIRED OR BLIND LEARN ALONGSIDE THOSE WITH FULL SIGHT FOR A MORE ENRICHED EDUCATIONAL EXPERIENCE FOR ALL.

4c (Code: ) (Expenses \$ 2,418,138. including grants of \$ ) (Revenue \$ 614,207. )

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

4d Other program services (Describe in Schedule O.) **ATTACHMENT 2**

(Expenses \$ 10,028,440. including grants of \$ 130,083. ) (Revenue \$ 638,786. )

4e Total program service expenses 18,820,099.

Part IV Checklist of Required Schedules

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

**Part IV Checklist of Required Schedules (continued)**

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

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-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

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 (24), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH A. RIPP CHAIRMAN	5.00	X		X				0	0	0
(2) SARAH E. SMITH VICE-CHAIR AND TREASURER	5.00	X		X				0	0	0
(3) JONATHAN M. WAINWRIGHT, ESQ. VICE-CHAIR AND SECRETARY	5.00	X		X				0	0	0
(4) CHARLES S. COHEN DIRECTOR	5.00	X						0	0	0
(5) MARIOS DAMIANIDES DIRECTOR	5.00	X						0	0	0
(6) DONALD J. D'AMICO, MD DIRECTOR	5.00	X						0	0	0
(7) HENRY P. DAVISON, II DIRECTOR	5.00	X						0	0	0
(8) RICK FRIEDBERG DIRECTOR	5.00	X						0	0	0
(9) THOMAS S.T. GIMBEL DIRECTOR	5.00	X						0	0	0
(10) SHARON HANDLER LOEB DIRECTOR	5.00	X						0	0	0
(11) KARIN HEHENBERGER, MD DIRECTOR	5.00	X						0	0	0
(12) TRAVIS HOWE DIRECTOR	5.00	X						0	0	0
(13) RAJIVE JOHRI DIRECTOR	5.00	X						0	0	0
(14) JOHN PARTILLA 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) RICHARD A. MARFUGGI, MD DIRECTOR	5.00	X						0	0	0
( 16) AMELIA QUIST-OGUNLESI DIRECTOR	5.00	X						0	0	0
( 17) STEPHANIE GOLDMAN-PITTEL DIRECTOR	5.00	X						0	0	0
( 18) DOROTHY M. PHILIPS, PHD DIRECTOR	5.00	X						0	0	0
( 19) ELLEN F. RATNER DIRECTOR	5.00	X						0	0	0
( 20) LAINE SIKLOS DIRECTOR	5.00	X						0	0	0
( 21) CAROL V. SCHWARTZ, ESQ. DIRECTOR	5.00	X						0	0	0
( 22) ANN D. THIVIERGE DIRECTOR	5.00	X						0	0	0
( 23) LAWRENCE A. YANNUZZI, MD DIRECTOR	5.00	X						0	0	0
( 24) MARK G. ACKERMANN PRESIDENT/CEO	45.00	X		X				393,580.	0	92,360.
( 25) DEBORAH BERNSTEIN DIRECTOR (THRU 10/24/2012)	5.00	X						0	0	0
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								2,361,453.	0	536,123.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,361,453.	0	536,123.

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 ► 25

	Yes	No
3 Did the organization list any <b>former</b> 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 ► 13



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) ARLENE R. GORDON DIRECTOR (THRU 6/14/2012)	5.00	X					0	0	0	
( 27) BARBARA MUNDER RIORDAN DIRECTOR (THRU 3/15/2012)	5.00	X					0	0	0	
( 28) LINO GARCIA DIRECTOR (THRU 10/24/2012)	5.00	X					0	0	0	
( 29) ROGER GOLDMAN CHAIRMAN (THRU 3/15/2012)	5.00	X		X			0	0	0	
( 30) MAURA SWEENEY SENIOR VP, COO	45.00			X			296,539.	0	24,845.	
( 31) JOHN VLACHOS CHIEF FINANCIAL OFFICER	45.00			X			266,943.	0	35,530.	
( 32) BRUCE P. ROSENTHAL CHIEF OF LOW VISION PROGRAMS	45.00				X		245,139.	0	38,645.	
( 33) LISA FERFOGLIA VICE PRESIDENT, HUMAN RESOURCE	45.00				X		195,709.	0	21,752.	
( 34) BARBARA GYDE (THRU 12/28/2012) SVP CHIEF EXTERNAL AFFAIRS	45.00				X		260,966.	0	193,083.	
( 35) ROWENA SAUNDERS (THRU 12/28/12) VICE PRESIDENT, VOLUNTEERS	45.00				X		177,555.	0	86,661.	
( 36) PAUL GARRIN VICE PRESIDENT AND CIO	45.00				X		201,636.	0	43,247.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ► 25

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	1,650,500.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	5,619,007.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	7,316,813.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		14,586,320.			
<b>Program Service Revenue</b>	<b>2a</b>	<u>DIRECT CLIENT SERVICE INCOME</u>	<b>Business Code</b>				
			900099	1,548,285.	1,548,285.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		1,548,285.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). <b>ATTACHMENT 5</b> . . . . .		959,639.		-5,192.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		17,269.		17,269.	
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
				4,677,456.			
	<b>b</b>	Less: rental expenses . . . . .		5,104,971.			
	<b>c</b>	Rental income or (loss) . . . . .		-427,515.			
	<b>d</b>	Net rental income or (loss) . . . . .		-427,515.		-427,515.	
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
			(ii) Other				
				11,608,753.			
				10,027,631.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		1,581,122.			
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . .		1,581,122.		1,581,122.	
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>1,650,500.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	667,608.			
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	667,608.				
<b>c</b>	Net income or (loss) from fundraising events . . . . .		0				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	431,765.				
		<b>b</b>	570,403.				
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .		-138,638.		-138,638.
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	<u>SYMPOSIUM/LECTURE/TRAINING REVENUE</u>	611600	11,450.			11,450.	
<b>b</b>	<u>MISCELLANEOUS</u>	900099	92,494.			92,494.	
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		103,944.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		18,230,426.	1,548,285.	-432,707.	2,528,528.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	100,083.	100,083.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	30,000.	30,000.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,109,798.	876,740.	88,784.	144,274.
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 . . . . .	10,842,976.	8,456,490.	848,786.	1,537,700.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	561,098.	443,267.	44,888.	72,943.
9 Other employee benefits . . . . .	2,179,376.	1,667,423.	154,642.	357,311.
10 Payroll taxes . . . . .	802,247.	633,775.	64,180.	104,292.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	237,924.	142,754.	59,481.	35,689.
c Accounting . . . . .	413,894.	248,336.	103,474.	62,084.
d Lobbying . . . . .	74,440.	44,664.	18,610.	11,166.
e Professional fundraising services. See Part IV, line 17 . . . . .	336,686.			336,686.
f Investment management fees . . . . .	195,000.		195,000.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,098,326.	1,469,945.	606,304.	22,077.
12 Advertising and promotion . . . . .	167,701.	100,621.	41,925.	25,155.
13 Office expenses . . . . .	786,288.	420,250.	23,296.	342,742.
14 Information technology . . . . .	11,237.	6,742.	2,809.	1,686.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,548,079.	1,247,434.	85,732.	214,913.
17 Travel . . . . .	172,865.	65,866.	67,104.	39,895.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	0			
20 Interest . . . . .	1,666,472.	1,407,873.	65,330.	193,269.
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	1,098,193.	993,680.	27,260.	77,253.
23 Insurance . . . . .	42,395.	34,340.	2,120.	5,935.
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 <b>BAD DEBT EXPENSE</b> . . . . .	832,917.	429,816.		403,101.
b <b>MISCELLANEOUS EXPENSE</b> . . . . .	266,635.			266,635.
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	25,574,630.	18,820,099.	2,499,725.	4,254,806.
<b>26 Joint costs.</b> 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) . . . . .	1,147,304.	216,871.		930,433.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	4,294,667.	1 3,547,383.
	2	Savings and temporary cash investments	1,941,640.	2 5,218,654.
	3	Pledges and grants receivable, net	7,952,788.	3 6,465,794.
	4	Accounts receivable, net	1,511,626.	4 1,405,204.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5 0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6 0
	7	Notes and loans receivable, net	1,520,000.	7 1,140,000.
	8	Inventories for sale or use	184,394.	8 192,061.
	9	Prepaid expenses and deferred charges	1,538,529.	9 1,336,889.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,928,388.	
	b	Less: accumulated depreciation	10b 33,382,561.	10c 22,545,827.
	11	Investments - publicly traded securities	19,398,457.	11 15,680,904.
	12	Investments - other securities. See Part IV, line 11	28,002,876.	12 25,345,466.
	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	339,668.	15 408,662.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	90,471,699.	16 83,286,844.	
Liabilities	17	Accounts payable and accrued expenses	5,414,334.	17 4,660,796.
	18	Grants payable	0	18 0
	19	Deferred revenue	0	19 0
	20	Tax-exempt bond liabilities	0	20 0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21 0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22 0
	23	Secured mortgages and notes payable to unrelated third parties	45,000,000.	23 45,000,000.
	24	Unsecured notes and loans payable to unrelated third parties	0	24 0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,718,285.	25 16,943,790.
	26	<b>Total liabilities.</b> Add lines 17 through 25	67,132,619.	26 66,604,586.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27	Unrestricted net assets	-16,841,509.	27 -14,218,193.
	28	Temporarily restricted net assets	18,598,951.	28 8,838,949.
	29	Permanently restricted net assets	21,581,638.	29 22,061,502.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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	<b>Total net assets or fund balances</b>	23,339,080.	33 16,682,258.
34	<b>Total liabilities and net assets/fund balances.</b>	90,471,699.	34 83,286,844.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,230,426.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	25,574,630.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-7,344,204.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	23,339,080.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,760,611.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,073,229.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	16,682,258.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

<b>Name of the organization</b> LIGHTHOUSE INTERNATIONAL	<b>Employer identification number</b> 13-1096620
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(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? .....	<b>11g(i)</b>		
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>		

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

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 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 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 71.24%; 15 Public support percentage from 2011 Schedule A, Part II, line 14 81.65%; 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 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, Line Number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. 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

b 33 1/3% support tests - 2011. 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	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS		176,390.	420,214.	262,868.	103,944.	963,416.
SPECIAL EVENTS	2,043,760.	484,950.	470,588.	581,854.	667,608.	4,248,760.
<b>TOTALS</b>	<u>2,043,760.</u>	<u>661,340.</u>	<u>890,802.</u>	<u>844,722.</u>	<u>771,552.</u>	<u>5,212,176.</u>

**Schedule of Contributors**

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

**2012**

<b>Name of the organization</b> LIGHTHOUSE INTERNATIONAL	<b>Employer identification number</b> 13-1096620
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**Organization type** (check one):

<b>Filers of:</b>	<b>Section:</b>	
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)(3 ) (enter number) organization	
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	<input type="checkbox"/> 527 political organization	
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation	
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation	
	<input type="checkbox"/> 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	----- ----- -----	\$ 907,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 854,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 2,546,981.	Person <input checked="" 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 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
7	----- ----- -----	\$ 1,096,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 1,841,180.	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.)
---	----- ----- -----	\$ -----	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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

(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
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

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.

Table with 2 columns: Name of organization (LIGHTHOUSE INTERNATIONAL) and 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...

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2012



**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 (do not include amounts of political expenses for which the section 527(f) tax was paid).

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 (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

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**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 (\$74,440) 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

2012

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... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Description, 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... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 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)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement...

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: Description, Amount. 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 XIII, the text of the footnote to its financial statements that describes these items. b 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) 2012

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment %
b Permanent endowment 90.6200 %
c Temporarily restricted endowment 9.3800 %
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:

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) INVESTMENTS HELD UNDER SPLIT		
(B) INTEREST AGREEMENTS	3,375,098.	FMV
(C) MARKETABLE EQUITY LONG/SHORT	3,064,393.	FMV
(D) MARKETABLE MULTI-STRATEGY	9,687,879.	FMV
(E) INTEREST IN PERPETUAL TRUSTS	9,218,096.	FMV
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	25,345,466.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	2,219,690.
(3) PENSION BENEFITS	14,724,100.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,943,790.

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	26,071,756.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,760,611.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	600,346.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,360,957.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	23,710,799.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	195,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-5,675,374.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-5,480,374.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	18,230,426.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	31,055,004.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	5,675,374.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,675,374.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	25,379,630.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	195,000.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	195,000.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	25,574,630.

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

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.

RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

CHANGE IN SPLIT INTEREST AGREEMENTS \$ 600,346

SCHEDULE D, PART XI, LINE 4B

COST OF GOODS SOLD RECLASSIFIED FROM EXPENSES \$ (570,403)

RECLASSIFIED RENTAL EXPENSES \$ (5,104,971)

-----

TOTAL \$ (5,675,374)

=====

RECONCILIATION OF EXPENSE

SCHEDULE D, PART XII, LINE 2D

COST OF GOODS SOLD RECLASSIFIED FROM EXPENSES \$ 570,403

RECLASSIFIED RENTAL EXPENSES \$5,104,971

-----

TOTAL \$5,675,374



**Part XIII** 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

**2012**

**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

LIGHTHOUSE INTERNATIONAL

Employer identification number

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		8,406,521.
(2) EUROPE			GRANTMAKING	POLICY AND ADVOCACY	30,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					8,436,521.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					8,436,521.

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

Schedule F (Form 990) 2012

**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. 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) AWARD TO TREAT SEVERE VISION IMPAIRMENT	EUROPE/ICELAND/GREENLAND	1.	30,000.	SETTLEMENT			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

## SCHEDULE F, PART IV, FOREIGN INVESTMENTS

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

**Part I**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 THE AUGUSTUS GROUP, INC	CONSULTING		X	1,160,925.	305,496.	855,429.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				1,160,925.	305,496.	855,429.

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

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

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

		(a) Event #1		(b) Event #2		(c) Other events		(d) Total events (add col. (a) through col. (c))
		POSH SALE	(event type)	GALA	(event type)	2.	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	1,146,317.		520,000.		651,791.		2,318,108.
	<b>2</b> Less: Contributions . . . . .	671,388.		374,088.		605,024.		1,650,500.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	474,929.		145,912.		46,767.		667,608.
Direct Expenses	<b>4</b> Cash prizes . . . . .							
	<b>5</b> Noncash prizes . . . . .							
	<b>6</b> Rent/facility costs . . . . .	181,160.		70,453.		6,839.		258,452.
	<b>7</b> Food and beverages . . . . .	9,156.		907.		20,860.		30,923.
	<b>8</b> Entertainment . . . . .							
	<b>9</b> Other direct expenses . . . . .	284,613.		74,552.		19,068.		378,233.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .							( 667,608. )
<b>11</b> 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	<b>1</b> Gross revenue . . . . .							
	<b>2</b> Cash prizes . . . . .							
Direct Expenses	<b>3</b> Noncash prizes . . . . .							
	<b>4</b> Rent/facility costs . . . . .							
	<b>5</b> Other direct expenses . . . . .							
	<b>6</b> 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 _____ %	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .							( )
	<b>8</b> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** 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).

SCHEDULE G, PART II

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

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

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

Name ▶ -----

Address ▶ -----

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** 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).

THAT THE COSTS OF HOLDING EACH EVENT WERE PASSED THROUGH TO THE ATTENDEES.

FOR 990 REPORTING PURPOSES, THE LIGHTHOUSE HAS OPTED TO REPORT ITS SPECIAL EVENTS CONSISTENT WITH HOW THEY ARE PRESENTED IN THE FINANCIAL STATEMENTS. THE AMOUNTS REPORTED ON SCHEDULE G AND PART VIII, LINE 8 TIE BACK DIRECTLY TO SPECIAL EVENTS REVENUE AS REPORTED IN THE FINANCIAL STATEMENTS. THE \$667,608 IN SPECIAL EVENT EXPENSES, LIKEWISE, TIES BACK

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

Name ▶ -----

Address ▶ -----

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

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** 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).

TO THE FINANCIAL STATEMENTS AND REPRESENTS DIRECT SPECIAL EVENT EXPENSES.

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

**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

LIGHTHOUSE INTERNATIONAL

Employer identification number

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. 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) (2012)

**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	8.	70,083.			
2 AWARD TO TREAT SEVERE VISION IMPAIRMENT	1.	30,000.			
3					
4					
5					
6					
7					

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

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 2012, LIGHTHOUSE PROVIDED 9 SCHOLARSHIPS THAT TOTALED \$100,083.

**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

**2012**

**Open to Public Inspection**

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK G. ACKERMANN PRESIDENT/CEO	(i)	353,312.	40,000.	268.	60,000.	32,360.	485,940.	0
	(ii)	0	0	0	0	0	0	0
2 BRUCE P. ROSENTHAL CHIEF OF LOW VISION PROGRAMS	(i)	231,759.	12,096.	1,284.	13,167.	25,478.	283,784.	0
	(ii)	0	0	0	0	0	0	0
3 MAURA SWEENEY SENIOR VP, COO	(i)	271,446.	25,000.	93.	12,861.	11,984.	321,384.	0
	(ii)	0	0	0	0	0	0	0
4 JOHN VLACHOS CHIEF FINANCIAL OFFICER	(i)	266,943.	0	0	9,976.	25,554.	302,473.	0
	(ii)	0	0	0	0	0	0	0
5 LISA FERFOGLIA VICE PRESIDENT, HUMAN RESOURCE	(i)	183,446.	12,120.	143.	10,150.	11,602.	217,461.	0
	(ii)	0	0	0	0	0	0	0
6 BARBARA GYDE (THRU 12/2 SVP CHIEF EXTERNAL AFFAIRS	(i)	245,547.	15,000.	419.	172,868.	20,215.	454,049.	0
	(ii)	0	0	0	0	0	0	0
7 ROWENA SAUNDERS (THRU 12 VICE PRESIDENT, VOLUNTEERS	(i)	166,806.	10,606.	143.	68,558.	18,103.	264,216.	0
	(ii)	0	0	0	0	0	0	0
8 PAUL GARRIN VICE PRESIDENT AND CIO	(i)	195,425.	6,211.	0	11,167.	32,080.	244,883.	0
	(ii)	0	0	0	0	0	0	0
9 HOPE KESSLER SENIOR VP DEVELOPMENT	(i)	69,411.	0	124,043.	0	0	193,454.	142,453.
	(ii)	0	0	0	0	0	0	0
10 CYNTHIA STUEN SVP CHIEF PROFESSIONAL AFFAIRS	(i)	0	0	129,932.	0	0	129,932.	129,932.
	(ii)	0	0	0	0	0	0	0
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

WERE PAID AND REPORTED ON THEIR INDIVIDUAL W-2'S AND ON THE 2012 990 AS

OTHER COMPENSATION.

INCLUDED WITHIN MS. KESSLER'S COMPENSATION REPORTED IN SCHEDULE J, PART

II, COLUMN B(I) IS \$51,000 OF NON-EMPLOYEE COMPENSATION SHE RECEIVED FOR

SERVICES RENDERED TO THE LIGHTHOUSE AFTER SHE SEPARATED FROM SERVICE WITH

THE ORGANIZATION

SCHEDULE J, PART I, LINE 4B

LIGHTHOUSE INTERNATIONAL HAS AN EXECUTIVE DEFERRED COMPENSATION PLAN,

EFFECTIVE AS OF JANUARY 1, 2011, FOR THE PURPOSES OF PROVIDING RETIREMENT

BENEFITS TO THE ORGANIZATION'S CURRENT CHIEF EXECUTIVE OFFICER. THE PLAN

CONSTITUTES A DEFERRED COMPENSATION PLAN AS DEFINED IN SECTION 457(F) OF



**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.

THE INTERNAL REVENUE CODE. CHIEF EXECUTIVE OFFICER, MARK G. ACKERMANN  
PARTICIPATES IN THIS PLAN AND THE ORGANIZATION CONTRIBUTED \$50,000 ON HIS  
BEHALF IN CALENDAR YEAR 2012.

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury  
Internal Revenue Service

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.

2012

Open to Public  
Inspection

Name of the organization

LIGHTHOUSE INTERNATIONAL

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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

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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

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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

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AGAINST PERSONAL AND CORPORATE GOALS.

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY MAKING THE COPY RETAINED AT ITS PLACE OF BUSINESS READILY AVAILABLE FOR PUBLIC INSPECTION. THE FORM 990 IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.LIGHTHOUSE.ORG AS WELL AS ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

OTHER PROGRAM SERVICE ACTIVITIES

FORM 990, PART III, LINE 4D

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

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

2) THE LIGHTHOUSE MUSIC SCHOOL IS THE LARGEST COMMUNITY MUSIC SCHOOL PROGRAM FOR PEOPLE OF ALL AGES WITH VISION LOSS IN THE UNITED STATES.

3) PROFESSIONAL EDUCATION OFFERS ACCREDITED PROFESSIONAL CONTINUING

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EDUCATION COURSES IN LOW VISION CARE AND VISION REHABILITATION AS WELL AS PARAPROFESSIONAL TRAINING.

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

5) 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.

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

7) 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

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WELL AS THE BENEFITS OF VISION REHABILITATION FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED.

8) EARLY INTERVENTION SERVICES ARE DEDICATED TO HELPING CHILDREN WITH VISUAL IMPAIRMENTS AND/OR DEVELOPMENTAL DELAYS FROM BIRTH TO THREE YEARS OF AGE. PROGRAMS HELP INFANTS AND TODDLERS WITH VISION PROBLEMS AND DEVELOPMENTAL DELAYS REACH THE SAME DEVELOPMENTAL MILESTONES AS THEIR PEERS.

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

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

11) 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.

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## RECONCILIATION OF NET ASSETS

PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

CHANGE IN SPLIT-INTEREST AGREEMENTS	\$ 600,036
MINIMUM PENSION LIABILITY	\$ (1,673,575)
	-----
TOTAL	\$ (1,073,539)
	=====

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



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

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

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
1. VOLUNTEERS AND READING SERVICE		1,056,972.	64,867.
2. MUSIC SCHOOL		1,694,904.	76,167.
3. PROFESSIONAL EDUCATION		288,287.	0
4. CAREER ACADEMIC AND TECHNOLOGY	130,083.	1,229,327.	0
5. CONSUMER PRODUCTS		999,499.	483,434.
6. RESEARCH		440,226.	0
7. PUBLIC INFORMATION		1,459,230.	0
8. EARLY INTERVENTION		1,541,565.	275.
9. SOCIAL SERVICES		657,251.	14,043.
10. OUTREACH		305,773.	0

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

ATTACHMENT 2 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
11. POLICY AND ADVOCACY		466,955.	0
EXPENSES RECLASSIFIED TO PART VIII		-111,549.	
TOTALS	130,083.	10,028,440.	638,786.

ATTACHMENT 3

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 4

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GREYSTONE STAFFING, INC. 48 SOUTH SERVICE ROAD MELVILLE, NY 11747	STAFFING	609,105.
L.W.ROBBINS ASSOCIATES 201 SUMMER STREET HOLLISTON, MA 01746-5838	DIRECT MAIL	380,093.
QWEST CONTRACTING 153 WEST 27TH STREET NEW YORK, NY 10001	CONSTRUCTION MGT	345,701.
CAPGEMINI US LLC LOCK BOX 98836 CHICAGO, IL 60693	CONSULTING	340,000.
THE AUGUSTUS GROUP, INC. 126 SAGAMORE ROAD TUCKAHOE, NY 10707	FUNDRAISING	305,496.

Name of the organization

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ATTACHMENT 5

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A)</u> <u>TOTAL</u> <u>REVENUE</u>	<u>(B)</u> <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	<u>(C)</u> <u>UNRELATED</u> <u>BUSINESS REV.</u>	<u>(D)</u> <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST AND DIVIDENDS	459,260.			459,260.
DISTRIBUTION FROM PERPETUAL TRUSTS	442,238.			442,238.
INTEREST (SOCIAL SERVICES)	63,333.			63,333.
INCOME (LOSS) FROM LP INVESTMENTS	-5,192.		-5,192.	
TOTALS	<u>959,639.</u>		<u>-5,192.</u>	<u>964,831.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

**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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LIGHTHOUSE INTL REAL ESTATE HOLDINGS LLC 111 EAST 59TH STREET NEW YORK, NY 10022	REAL ESTATE	DE	1,550,185.	24,809,625.	LIGHTHOUSE
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

**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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

Table with 3 columns: Question (1a-1s), Yes, 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 Dividends from related organization(s) 1g Sale of assets to related organization(s) 1h Purchase of assets from related organization(s) 1i Exchange of assets with related organization(s) 1j Lease of facilities, equipment, or other assets to related organization(s) 1k Lease of facilities, equipment, or other assets from related organization(s) 1l Performance of services or membership or fundraising solicitations for related organization(s) 1m Performance of services or membership or fundraising solicitations by related organization(s) 1n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1o Sharing of paid employees with related organization(s) 1p Reimbursement paid to related organization(s) for expenses 1q Reimbursement paid by related organization(s) for expenses 1r Other transfer of cash or property to related organization(s) 1s 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-s), (c) Amount involved, (d) Method of determining amount involved. Rows (1) through (6) are empty.

**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) -----													

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**Part VII** **Supplemental Information**

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

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