

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning, 2009, and ending, 20

Header section containing organization name (LIGHTHOUSE INTERNATIONAL), EIN (13-1096620), address (111 EAST 59TH STREET, NEW YORK, NY 10022), and principal officer (MARK ACKERMANN).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue (29,022,326), expenses (1,325,151), and net assets (30,063,974).

Part II Signature Block

Signature block containing declaration text, officer signature line, and preparer information (GRANT THORNTON LLP, EIN 36-6055558).

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 4

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

[X] 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 [X] No

[] Yes [X] No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,586,922. including grants of \$ 0.) (Revenue \$ 696,706.)

REHABILITATION SERVICES TEACH PEOPLE WITH IMPAIRED VISION NEW SKILLS AND STRATEGIES FOR SAFE TRAVEL AND FOR MANAGING HOUSEHOLD TASKS, SUCH AS PREPARING FOOD AND COOKING, CLEANING, PERSONAL GROOMING, AND MANAGING FINANCES AND MEDICATIONS, SO THEY CAN ENJOY SAFE AND INDEPENDENT LIVES.

4b (Code:) (Expenses \$ 3,751,841. including grants of \$ 0.) (Revenue \$ 1,978,865.)

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

4c (Code:) (Expenses \$ 2,427,304. including grants of \$ 0.) (Revenue \$ 894,073.)

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

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

(Expenses \$ 11,828,493. including grants of) (Revenue \$ 3,247,959.)

4e Total program service expenses 20,594,560.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 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 question 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 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 a grant selection committee member, or to a person related to such an individual? <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 of the organization (or a family member) 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, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes, and No. Contains various tax compliance questions and their corresponding answers.

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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (28); 1b Enter the number of voting members that are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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 Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL DISHAW 111 EAST 59TH STREET NEW YORK, NY 10022 212-821-9307

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DEBORAH BERNSTEIN DIRECTOR	5.00	X					0.	0.	0.	
CHARLES COHEN DIRECTOR	5.00	X					0.	0.	0.	
DONALD D'AMICO DIRECTOR	5.00	X					0.	0.	0.	
RICHARD FEINBLOOM DIRECTOR	5.00	X					0.	0.	0.	
LINO GARCIA DIRECTOR	5.00	X					0.	0.	0.	
THOMAS GIMBEL DIRECTOR	5.00	X					0.	0.	0.	
ROGER GOLDMAN CHAIRMAN	5.00	X					0.	0.	0.	
STEPHANIE GOLDMAN-PITTEL DIRECTOR	5.00	X					0.	0.	0.	
ARLENE GORDON DIRECTOR	5.00	X					0.	0.	0.	
FRANCES HESSELBEIN DIRECTOR	5.00	X					0.	0.	0.	
RAJIVE JOHRI DIRECTOR	5.00	X					0.	0.	0.	
JORDAN KASSALOW DIRECTOR	5.00	X					0.	0.	0.	
WILLIAM MILLER DIRECTOR	5.00	X					0.	0.	0.	
WILLIAM MORAN DIRECTOR	5.00	X					0.	0.	0.	
JOEL MOUNTY VICE CHAIRMAN	5.00	X					0.	0.	0.	
BARBARA MUNDER RIORDAN 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	(C) Position (check all that apply)						(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			
ENID NEMY DIRECTOR	5.00	X						0.	0.	0.
DOROTHY PHILIPS DIRECTOR	5.00	X						0.	0.	0.
ELLEN RATNER DIRECTOR	5.00	X						0.	0.	0.
JOSEPH RIPP VICE CHAIRMAN	5.00	X						0.	0.	0.
BARBARA SALTZMAN DIRECTOR	5.00	X						0.	0.	0.
LAINÉ SIKLOS DIRECTOR	5.00	X						0.	0.	0.
SARAH SMITH DIRECTOR	5.00	X						0.	0.	0.
ANN THIVIERGE DIRECTOR	5.00	X						0.	0.	0.
JONATHAN WAINWRIGHT SECRETARY	5.00	X						0.	0.	0.
PHYLLIS WHITE-THORNE DIRECTOR	5.00	X						0.	0.	0.
BRIAN WOOD TREASURER	5.00	X						0.	0.	0.
LAWRENCE YANNUZI DIRECTOR	5.00	X						0.	0.	0.
MARK ACKERMANN PRESIDENT / CEO	45.00			X				120,370.	0.	2,729.
1b Total CONTINUED AT SCHEDULE J-2								2,013,294.	0.	121,725.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **22**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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 **10**

Part VIII Statement of Revenue

13-1096620

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,491,878.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	485,351.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	11,324,098.			
	g	Noncash contributions included in lines 1a-1f: \$		551,096.			
	h	Total. Add lines 1a-1f			13,301,327.		
Program Service Revenue				Business Code			
	2a	DIRECT CLIENT SERVICE INCOME		900099	744,845.	744,845.	
	b	GOVERNMENT CONTRACTS AND FEES		900099	4,288,793.	4,288,793.	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			5,033,638.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			633,489.		633,489.
	4	Income from investment of tax-exempt bond proceeds . . .			0.		
	5	Royalties			0.		
			(i) Real	(ii) Personal			
	6a	Gross Rents	3,083,566.				
	b	Less: rental expenses	1,430,192.				
	c	Rental income or (loss)	1,653,374.				
	d	Net rental income or (loss)			1,653,374.		1,653,374.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	27,906,732.				
	b	Less: cost or other basis and sales expenses	27,295,898.				
	c	Gain or (loss)	610,834.				
	d	Net gain or (loss)			610,834.		610,834.
	8a	Gross income from fundraising events (not including \$ <u>1,491,878.</u> of contributions reported on line 1c). See Part IV, line 18			484,950.		
	b	Less: direct expenses			484,950.		
c	Net income or (loss) from fundraising events			0.		0.	
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities			0.			
10a	Gross sales of inventory, less returns and allowances			776,586.			
b	Less: cost of goods sold			652,186.			
c	Net income or (loss) from sales of inventory			124,400.		108,155.	
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS REVENUE			900099	176,390.	7,965.	168,425.
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d				176,390.		
12	Total Revenue. See instructions				21,533,452.	5,033,638.	1,769,494.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	60,000.	60,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	943,408.	693,526.	194,093.	55,789.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	11,860,677.	8,719,116.	2,440,168.	701,393.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	481,762.	354,157.	99,115.	28,490.
9 Other employee benefits	1,642,831.	1,207,692.	337,988.	97,151.
10 Payroll taxes	805,630.	592,219.	165,747.	47,664.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	276,286.	203,106.	56,842.	16,338.
c Accounting	189,897.	139,599.	39,069.	11,229.
d Lobbying	167,751.	167,751.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	205,604.		205,604.	
g Other	2,806,693.	2,018,846.	611,950.	175,897.
12 Advertising and promotion	0.			
13 Office expenses	546,380.	401,659.	112,410.	32,311.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	2,140,451.	1,573,505.	440,368.	126,578.
17 Travel	310,742.	228,435.	63,931.	18,376.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	1,522,405.	1,384,040.	27,029.	111,336.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,298,977.	1,872,725.	275,604.	150,648.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>POSTAGE AND PRINTING</u>	664,098.	488,197.	136,629.	39,272.
b <u>MISCELLANEOUS</u>	151,463.	95,452.	11,768.	44,243.
c <u>BAD DEBT EXPENSE</u>	536,689.	394,535.	142,154.	
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	27,611,744.	20,594,560.	5,360,469.	1,656,715.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	716,803.	1	762,551.
	2 Savings and temporary cash investments	2,306,314.	2	1,797,613.
	3 Pledges and grants receivable, net	5,017,208.	3	7,998,423.
	4 Accounts receivable, net	1,168,269.	4	941,491.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	180,709.	8	180,874.
	9 Prepaid expenses and deferred charges	543,304.	9	586,154.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,842,586.		
	b Less: accumulated depreciation	10b 32,020,759.	26,909,951.	10c 24,821,827.
	11 Investments - publicly traded securities	22,393,997.	11	25,928,726.
	12 Investments - other securities. See Part IV, line 11	20,840,721.	12	23,177,734.
	13 Investments - program-related. See Part IV, line 11	7,471,491.	13	8,725,845.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,200,515.	15	1,122,371.
16 Total assets. Add lines 1 through 15 (must equal line 34)	88,749,282.	16	96,043,609.	
Liabilities	17 Accounts payable and accrued expenses	6,032,081.	17	7,054,302.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	40,322,348.	20	39,453,203.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	437,446.	23	326,342.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	11,893,433.	25	10,644,241.
	26 Total liabilities. Add lines 17 through 25	58,685,308.	26	57,478,088.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,646,595.	27	4,559,264.
	28 Temporarily restricted net assets	8,802,485.	28	12,837,008.
	29 Permanently restricted net assets	19,614,894.	29	21,169,249.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	30,063,974.	33	38,565,521.
	34 Total liabilities and net assets/fund balances	88,749,282.	34	96,043,609.

Part XI Financial Statements and Reporting

- 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

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

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

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

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

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

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

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

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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) - 65.85%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 - 54.62%; 16a 33 1/3% support test - 2009 (checked); 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS	250,629.	3,230.	0.	0.	176,390.	430,249.
SPECIAL EVENTS	701,666.	799,270.	576,588.	1,284,207.	0.	3,361,731.
TOTALS	<u>952,295.</u>	<u>802,500.</u>	<u>576,588.</u>	<u>1,284,207.</u>	<u>176,390.</u>	<u>3,791,980.</u>

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(³) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % 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, aggregate 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 aggregate 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 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization LIGHTHOUSE INTERNATIONALEmployer identification number
13-1096620**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TRUST OF FREDA K. BECK 529 FIFTH AVENUE NEW YORK, NY 10017	\$ 273,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CALIFORNIA COMMUNITY FOUNDATION 445 SOUTH FIGUEROA STREET LOS ANGELES, CA 90071	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TRINKA DAVIS FOUNDATION P. O. BOX 11426 BIRMINGHAM, AL 35202	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ESTATE OF ELEANOR M. GARLOCK 85 PONDFIELD ROAD BRONXVILLE, NY 10708	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	TRUST OF WILLIAM A. LIEBHERR 2 WALL STREET NEW YORK, NY 10005	\$ 166,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	TRUST OF DORATHEA Z. MORTENSEN 438 SOUTH MURPHY AVENUE SUNNYVALE, CA 94086	\$ 192,500.	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 INTERNATIONALEmployer identification number
13-1096620**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	TRUST OF RUTH KLOTZ 88 PINE STREET NEW YORK, NY 10005	\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	ESTATE OF RUTH KLOTZ 88 PINE STREET NEW YORK, NY 10005	\$ 240,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	TRUST OF NORMA SHALKOP 157 CHURCH STREET NEW HAVEN, CT 06502	\$ 366,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ESTATE OF LORRAINE S. ALLEN 425 PARK AVENUE NEW YORK, NY 10022	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ESTATE OF URSULA KUBICKA 3740 EXPRESSWAY DRIVE SOUTH ISLANDIA, NY 11749	\$ 700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	NEW YORK STATE OFFICE OF CHILDREN AND FA 52 WASHINGTON STREET RENSSELAER, NY 12144	\$ 150,194.	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 INTERNATIONALEmployer identification number
13-1096620**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	ESTATE OF MARION BANNON C/O LIGHTHOUSE INTL 111 E 59TH STREET NEW YORK, NY 10022	\$ 163,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	TRUST OF MARY B. KETCHAM C/O LIGHTHOUSE INTL 111 E 59TH STREET NEW YORK, NY 10022	\$ 242,004.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	TRUST OF MURIEL S. GLUCK 9100 WILSHIRE BLVD., STE. 300 EAST TOWER BEVERLY HILLS, CA 90212	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	LAVELLE FUND FOR THE BLIND, INC. 307 WEST 38TH STREET NEW YORK, NY 10018	\$ 152,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	ESTATE OF GULLIE LUNDBERG W. 115 CENTURY ROAD PARAMUS, NJ 07652	\$ 191,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	ESTATE OF LORRAINE S. ALLEN 425 PARK AVENUE NEW YORK, NY 10022	\$ 200,000.	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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	ESTATE OF ELSIE LEVENE SEVEN PENN PLAZA - STE. 420 NEW YORK, NY 10001	\$ 168,471.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	ESTATE OF MARY B. KETCHAM SEVEN PENN PLAZA - STE. 420 NEW YORK, NY 10001	\$ 1,000,000.	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.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

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 VI, 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), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

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

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

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.
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities? If "Yes," describe in Part IV; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

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 carryover 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

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

Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES DESCRIPTION

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.CAPWIZ.COM, 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 THE PRESIDENT & CHIEF FINANCIAL OFFICER, THE SENIOR VICE PRESIDENT, POLICY & EVALUATION, AND GOVERNMENT AFFAIRS & POLICY MANAGER.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details table (2a-2d). 3-7. Monitoring and enforcement details. 8. Section 170(h)(4)(B) requirements. 9. Accounting for easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections 1a, 1b, 2, a, b regarding reporting of art, historical treasures, and similar assets.

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

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? Yes No

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

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and expense items.

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %

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.

- (i) unrelated organizations
(ii) related organizations

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

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

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

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 24,821,827.

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
Financial derivatives		
Closely-held equity interests		
Other INVESTMENTS HELD UNDER SPLIT	2,870,730.	FMV
INTEREST AGREEMENTS		
MARKETABLE EQUITY LONG/SHORT	10,822,990.	FMV
MARKETABLE MULTI-STRATEGY	9,484,014.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	23,177,734.	

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
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
CHARITABLE ANNUITY AGREEMENTS	2,133,767.
PENSION BENEFITS	8,510,474.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,644,241.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue is 21,533,452. Total expenses are 27,611,744. Excess or (deficit) for the year is -6,078,292. Net unrealized gains (losses) on investments are 9,247,296. Total adjustments (net) are 14,579,839. Excess or (deficit) for the year per audited financial statements is 8,501,547.

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

Table with 5 main rows and 3 sub-rows each, totaling 16 rows and 3 columns: Line number, Description, and Amount. Total revenue is 35,999,187. Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments (9,247,296), Donated services and use of facilities, Recoveries of prior year grants, Other (4,163,038). Total 13,410,334. Subtract line 2e from line 1: 22,588,853. Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b (205,604), Other (-1,261,005). Total -1,055,401. Total revenue: 21,533,452.

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

Table with 5 main rows and 3 sub-rows each, totaling 16 rows and 3 columns: Line number, Description, and Amount. Total expenses and losses per audited financial statements is 28,667,144. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities, Prior year adjustments, Other losses, Other (1,261,002). Total 1,261,002. Subtract line 2e from line 1: 27,406,142. Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b (205,602), Other. Total 205,602. Total expenses: 27,611,744.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENTS

PART V

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

RECONCILIATION OF NET ASSETS

PART XI, LINE 8

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS- \$4,314,009.

MINIMUM PENSION LIABILITY - \$1,169,504

RECONCILIATION OF REVENUE & EXPENSES

SCHEDULE D, PART XII, LINE 2(D)

CHANGE IN SPLIT INTEREST AGREEMENTS AND BENEFICIAL INTEREST IN PERPETUAL TRUST - \$4,163,038

SCHEDULE D, PART XII, LINE 4(B) & SCHEDULE D, PART XIII, LINE 2(D)

COST OF GOODS SOLD RECLASSIFIED FROM FUNCTIONAL EXPENSES - \$652,186

ROUNDING - \$1

REAL ESTATE & DEPRECIATION EXPENSE RECLASSIFIED FROM FUNCTIONAL EXPENSE -

Part XIV Supplemental Information (continued)

\$608,819

SCHEDULE D, PART III, LINE 4(B)

COST OF GOODS SOLD RECLASSIFIED FROM FUNCTIONAL EXPENSES - \$652,186

ROUNDING - \$3

REAL ESTATE & DEPRECIATION EXPENSE RECLASSIFIED FROM FUNCTIONAL EXPENSE -

\$608,819

FIN 48

PART X

THE LIGHTHOUSE FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TAX POSITIONS WHICH REQUIRE THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN 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

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 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 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		
Totals	0	0			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2009

Part IV Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		POSH FASHION (event type)	LIGHTYEARS (event type)	4 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	867,791.	507,275.	601,762.	1,976,828.
	2	Less: Charitable contributions	363,712.	121,237.	0.	484,949.
	3	Gross income (line 1 minus line 2)	504,079.	386,038.	601,762.	1,491,879.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	363,712.	121,237.	0.	484,949.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					1,006,930.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____% No	Yes _____% No	Yes _____% No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					()
8	Net gaming income summary. Combine line 1, column d, and line 7					

	Yes	No
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? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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? **17a**

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 ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

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. Use Part IV and Schedule I-1 (Form 990) 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
ASSISTANCE TO VISUALLY IMPAIRED STUDENTS	6	30,000.			
ANNUAL AWARD TO TREAT SEVERE VISION IMPAIRMENT	1	30,000.			

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

GRANTS

PART I, LINE 2

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

IN 2009, LIGHTHOUSE PROVIDED A TOTAL OF 6 \$5,000 SCHOLARSHIPS.

**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

2009

Open to Public Inspection

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TARA CORTES	(i)	391,033.	0.	2,367.	9,847.	2,534.	405,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THEODORE FRANCAVILLA	(i)	163,501.	0.	0.	1,269.	0.	164,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HOPE KESSLER	(i)	251,422.	0.	4,914.	7,837.	5,216.	269,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRUCE ROSENTHAL	(i)	205,023.	0.	6,894.	8,752.	8,929.	229,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MILAN SOLTIS	(i)	214,866.	0.	0.	1,802.	0.	216,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CYNTHIA STUEN	(i)	180,792.	0.	4,604.	22,000.	7,540.	214,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS NOLAN	(i)	209,509.	0.	0.	10,463.	0.	219,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
LEE ANN GEORGEOU	(i)	196,672.	0.	8,539.	22,000.	10,807.	238,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, LINE 4(A)

FORMER PRESIDENT & CEO, TARA CORTES, RECEIVED SEVERANCE PAYMENTS IN THE

YEAR ENDING DECEMBER 31, 2009. MS. CORTES RECEIVED A TOTAL OF \$227,547

IN SEVERANCE. THIS AMOUNT HAS BEEN REPORTED ON BOTH PART VII AND

SCHEDULE J OF THE LIGHTHOUSE INTERNATIONAL FORM 990.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JONATHAN WAINWRIGHT	PARTNER AT CADWALADER -	175,000.	LEGAL SERVICES		

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

Schedule L (Form 990 or 990-EZ) 2009

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 2)			551,096.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

JSA

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 2

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
RANCH MINK COAT W/REVERSE	X		7,800.	PROFESS. APPRAISAL
WOMEN'S COUTURE FASHION,	X		17,610.	PROFESS. APPRAISAL
NEW - CHRISTIAN DIOR IVOR	X		18,000.	PROFESS. APPRAISAL
(263) WOMEN'S ASSORTED SE	X		20,740.	PROFESS. APPRAISAL
HAIR ACCESSORIES, BELTS A	X		144,313.	PROFESS. APPRAISAL
(198) WOMEN'S SUITS AND S	X		99,589.	PROFESS. APPRAISAL
CHINCHILLA THROW	X		35,000.	PROFESS. APPRAISAL
WOMEN'S DESIGNER FASHIONS	X		27,353.	PROFESS. APPRAISAL
MAHOGANY MINK COAT	X		6,000.	PROFESS. APPRAISAL
ASSORTED WOMEN'S DESINGER	X		11,069.	PROFESS. APPRAISAL
WOMEN'S DESIGNER FASHIONS	X		9,075.	PROFESS. APPRAISAL
WOMEN'S DESIGNER FASHIONS	X		5,673.	PROFESS. APPRAISAL
WOMEN'S, JR'S, MEN'S & CH	X		26,100.	PROFESS. APPRAISAL
TWO FEMALE MINK COATS	X		6,400.	PROFESS. APPRAISAL
WOMEN'S DESIGNER CLOTHING	X		8,015.	PROFESS. APPRAISAL
THREE FUR COATS - ASSORTE	X		21,500.	PROFESS. APPRAISAL
LUNARAIN MINK COATS & NU	X		6,000.	PROFESS. APPRAISAL
(195) WOMEN'S ASSORTED DE	X		37,665.	PROFESS. APPRAISAL
BLUE FOX COAT & OPOSSUM	X		6,000.	PROFESS. APPRAISAL
MEN'S & WOMEN'S DESIGNER	X		8,610.	PROFESS. APPRAISAL
DAWN GLOW FOX COAT	X		5,000.	PROFESS. APPRAISAL
WOMEN'S DESIGNER FASHIONS	X		23,584.	PROFESS. APPRAISAL
TOTALS			551,096.	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LIGHTHOUSE INTERNATIONAL

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

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ATTACHMENT 3

SCHEDULE L

PART IV

THE LAW FIRM CADWALADER, WICKERSHAM AND TAFT LLP, OF WHICH JONATHAN WAINWRIGHT (LIGHTHOUSE SECRETARY) IS A PARTNER, WAS PAID \$175,000 BY LIGHTHOUSE, FOR LEGAL SERVICES.

FORM 990, PART VI, LINE 10

THE 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.

FORM 990, PART VI, LINE 12

LIGHTHOUSE INTERNATIONAL'S POLICY CONCERNING POTENTIAL CONFLICTS OF INTEREST

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

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

Name of the organization

LIGHTHOUSE INTERNATIONAL

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ATTACHMENT 3 (CONT'D)

INSTITUTION REGARDLESS OF POSITION.

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

3. ANY BOARD MEMBER OR OFFICER MUST REPORT A CONFLICT, OR POTENTIAL CONFLICT, OF INTEREST IN THE EVENT THAT ANY TRANSACTION FOR LIGHTHOUSE INTERNATIONAL WHICH ALSO INVOLVES 1) A 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

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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ATTACHMENT 3 (CONT'D)

VOTE ON SUCH MATTERS AND SHOULD NOT BE PRESENTED AT THE TIME OF VOTE.

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

VIOLATIONS OF THESE STANDARDS BY A LIGHTHOUSE INTERNATIONAL OFFICER OTHER THAN THE PRESIDENT/CEO SHALL BE ADDRESSED BY THE PRESIDENT. 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.

ADOPTED BY THE EXECUTIVE COMMITTEE OF THE LIGHTHOUSE INTERNATIONAL BOARD OF DIRECTORS THIS 16TH DAY OF NOVEMBER 2006.

FORM 990, PART VI, LINE 15

ALL EMPLOYEE COMPENSATION RECOMMENDATIONS ARE REVIEWED BY HUMAN RESOURCES

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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ATTACHMENT 3 (CONT'D)

AND THE PRESIDENT & CEO. IN ADDITION, ALTHOUGH NO FORMAL COMPENSATION STUDY IS PERFORMED, HUMAN RESOURCES REGULARLY REVIEWS COMPENSATION THROUGH VARIOUS SURVEYS AND SOURCES. ALSO DUE TO ECONOMICAL FACTORS, THERE WERE NO INCREASES IN 2008, AS SALARIES WERE FROZEN. THE PRESIDENT & CEO'S COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH IS DETERMINED USING THE SAME TECHNIQUES ABOVE.

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART III, LINE 2

EFFECTIVE OCTOBER 1, 2008, THE LIGHTHOUSE ACQUIRED THE ASSOCIATED BLIND, INC., A SECTION 501(C)(3) NOT-FOR-PROFIT ORGANIZATION AND SUBSEQUENTLY MERGED ITS OPERATIONS INTO LIGHTHOUSE. ASSOCIATED BLIND'S PRIMARY PROGRAM SERVICE ACTIVITY WAS THE HOSTING OF THE ESIGHT CAREERS NETWORK, AN ONLINE SERVICE THAT OFFERS BLIND AND VISUALLY IMPAIRED INDIVIDUALS OPPORTUNITIES FOR INTERACTIVE CAREER PREPARATION, TRAINING AND NETWORKING.

ESIGHT WILL ENABLE LIGHTHOUSE TO EXPAND ITS OUTREACH TO THE VISUALLY IMPAIRED COMMUNITY, EXPAND ITS LEADERSHIP NATIONWIDE IN CAREER COUNSELING AND ENHANCE ITS IN-PERSON CAREER AND EMPLOYMENT COUNSELING SERVICE, WHICH

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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ATTACHMENT 3 (CONT'D)

HAS BEEN OPERATING FOR DECADES.

FORM 990, PART VI, LINE 4

LIGHTHOUSE INTERNATIONAL, INC. AMENDED ARTICLE 3, SECTION 3.03 OF ITS BYLAWS IN 2009. THIS PROVISION OF THE BYLAWS PERTAINS TO THE ELECTION AND TERM OF OFFICE OF THE ORGANIZATION'S OFFICERS.

FORM 990, SCHEDULE G, PART II

LIGHTHOUSE INTERNATIONAL IS DEDICATED TO FIGHTING VISION LOSS THROUGH PREVENTION, TREATMENT AND EMPOWERMENT. ESSENTIAL TO LIGHTHOUSE'S MISSION IS ITS ONGOING FUNDRAISING EFFORTS THAT ENABLE IT TO RESEARCH VISION DISORDERS, AS WELL AS PROVIDE EDUCATIONAL INFORMATION TO THE COMMUNITY.

LIGHTHOUSE INDEPENDENTLY TRACKS THE REVENUES GENERATED BY ITS FUNDRAISING ENDEAVORS. ALL DATA IS COMPILED FOR FINANCIAL STATEMENT PURPOSES ON AN AGGREGATE BASIS, THEREFORE LIGHTHOUSE IS UNABLE TO DETERMINE PRECISELY HOW MUCH OF THE GROSS REVENUE GENERATED FROM SPECIAL EVENTS IS DERIVED FROM PURE CONTRIBUTIONS AND HOW MUCH FOR SERVICES RENDERED. TO THAT END, THE LIGHTHOUSE IS REPORTING, FOR 990 PURPOSES, AN AMOUNT AS "SERVICES RENDERED" THAT EQUALS THE EXPENSE OF CONDUCTING THE EVENT SINCE IT IS REASONABLE TO PROJECT THAT THE COSTS OF HOLDING EACH EVENT WERE PASSED THROUGH TO THE ATTENDEES.

FOR 990 REPORTING PURPOSES, THE LIGHTHOUSE HAS OPTED TO REPORT ITS SPECIAL EVENTS CONSISTENT WITH HOW THEY ARE PRESENTED ON THE FORM 990. THE AMOUNTS REPORTED ON SCHEDULE G AND PART VIII, LINE 8 TIE BACK DIRECTLY TO SPECIAL EVENTS REVENUE AS REPORTED ON THE 990. THE \$484,950

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ATTACHMENT 3 (CONT'D)

IN SPECIAL EVENT EXPENSES, LIKEWISE, TIES BACK 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).

FOR THE YEAR ENDING DECEMBER 31, 2009, THE LIGHTHOUSE HAS AN ADDITIONAL \$1,741,390 IN INDIRECT EXPENSES THAT ARE ATTRIBUTABLE TO ITS HOLDING OF SPECIAL EVENTS. A DETAILED SCHEDULE OF SUCH EXPENDITURES IS AVAILABLE UPON REQUEST.

FORM 990, PART III - OTHER PROGRAM SERVICE ACTIVITIES

IN ADDITION TO THE THREE LARGEST PROGRAM SERVICES, LIGHTHOUSE INTERNATIONAL UNDERTAKES THESE OTHER SIGNIFICANT PROGRAMS.

LOW VISION CENTER- THE PIONEER IN THE TREATMENT OF LOW VISION, THE LIGHTHOUSE PROVIDES SERVICES THAT INCLUDE A SPECIALIZED EYE EXAMINATION BY A LOW VISION DOCTOR TO EVALUATE A PERSON'S REMAINING VISION AND OVERALL VISUAL FUNCTION, AND THEIR IMPACT ON DAILY LIVING. THE LOW VISION EXAM ASSESSES NOT ONLY HOW WELL SOMEONE CAN SEE AN EYE CHART, BUT ALSO HOW WELL A PERSON CAN SEE FACES, STREET SIGNS, NEWSPAPER PRINT, AND ALL THE OTHER VISUAL CLUES THAT GUIDE PEOPLE THROUGH THE DAY. LOW VISION DOCTORS PRESCRIBE A WIDE RANGE OF OPTICAL DEVICES, SUCH AS HIGH-POWERED SPECTACLES AND MAGNIFIERS, TO ENHANCE THE IMAGES THAT CAN BE SEEN.

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ATTACHMENT 3 (CONT'D)

MUSIC & PRINT ACCESS SERVICES - INCLUDES THE FILOMEN M. D'AGOSTINO

GREENBERG MUSIC SCHOOL, THE LARGEST COMMUNITY MUSIC SCHOOL FOR PEOPLE OF ALL AGES WITH VISION LOSS IN THE U.S.; AND READING, AUDIO AND BRAILLE SERVICES THAT MAKE PRINT MATERIALS ACCESSIBLE TO PEOPLE WITHOUT SIGHT.

EDUCATION AND ADVOCACY - ACCREDITED PROFESSIONAL CONTINUING EDUCATION COURSES IN LOW VISION CARE AND VISION REHABILITATION, AS WELL AS PARAPROFESSIONAL TRAINING; OUTREACH TO RAISE AWARENESS OF VISION IMPAIRMENT; AND ADVOCACY INITIATIVES, WHICH PROMOTE THE RIGHTS OF PEOPLE WITH VISION LOSS AND THEIR INCLUSION IN MAINSTREAM SOCIETY.

PUBLIC INFORMATION IS DISSEMINATED THROUGH VARIOUS MEDIA TO RAISE WIDESPREAD AWARENESS OF THE PREVALENCE OF VISION LOSS, AND TO PROMOTE THE IMPORTANCE OF PREVENTION AND EARLY INTERVENTION, AS WELL AS THE BENEFITS OF VISION REHABILITATION FOR PEOPLE WHO ARE PARTIALLY SIGHTED OR BLIND.

RESEARCH THAT ADVANCES THE UNDERSTANDING OF HOW PEOPLE WITH VISION LOSS FUNCTION IS CONDUCTED IN THE ARLENE R. GORDON RESEARCH INSTITUTE.

LIGHTHOUSE INTERNATIONAL IS THE ONLY VISION REHABILITATION ORGANIZATION TO HAVE A RESEARCH PROGRAM. INVESTIGATORS IN THIS UNIQUE INSTITUTE FOCUS PRIMARILY ON TWO AREAS: VISION SCIENCE, AND THE EVALUATION OF LIGHTHOUSE PROGRAMS AND SERVICES.

CONSUMER PRODUCTS SPAN A WIDE RANGE OF LIGHTING, MAGNIFYING AND ADAPTIVE DEVICES- ALL OF WHICH ARE DESIGNED TO MAKE LIFE EASIER FOR PEOPLE WITH

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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ATTACHMENT 3 (CONT'D)

VISION LOSS- AND SOLD THROUGH THE LIGHTHOUSE STORE.

COSTS OF GOOD SOLDS WERE RECLASSIFIED TO REVENUE IN THE AMOUNT OF \$479,461

ATTACHMENT 4

FORM 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 RISING IN RECORD NUMBERS.

THE STATISTICS ARE COMPELLING: THERE ARE 314 MILLION PEOPLE WORLDWIDE WHO ARE VISUALLY IMPAIRED- 45 MILLION ARE BLIND AND 269 MILLION HAVE LOW VISION. IN THE US ALONE, 20 MILLION PEOPLE AGE 45+ SELF-REPORT A VISION IMPAIRMENT. LIGHTHOUSE INTERNATIONAL IS RESPONDING TO THIS VISION LOSS EPIDEMIC BY:

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

Name of the organization

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ATTACHMENT 4 (CONT'D)

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

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

- HELPING PEOPLE OF ALL AGES TO OVERCOME THE CHALLENGES OF VISION LOSS AND EMPOWERING THEM TO ENJOY RICHER, FULLER LIVES.

PROGRAMS AND SERVICES PROVIDED BY THE LIGHTHOUSE TO FULFILL ITS MISSION INCLUDE:

CHILDREN'S SERVICES: WE PROVIDE COMPREHENSIVE SERVICES TO MEET THE INDIVIDUAL NEEDS OF CHILDREN FROM BIRTH THROUGH AGE FIVE.

IN OUR EARLY INTERVENTION PROGRAM, PROFESSIONALS WORK ONE-ON-ONE WITH PARENTS TO DEVELOP A GOAL-ORIENTED PROGRAM SO THAT INFANTS WITH IMPAIRED VISION REACH IMPORTANT DEVELOPMENTAL MILESTONES. OUR INTEGRATED PRESCHOOL OFFERS A UNIQUE SETTING IN WHICH CHILDREN WHO ARE VISUALLY IMPAIRED LEARN ALONGSIDE THOSE WITH FULL SIGHT FOR A MORE ENRICHED EDUCATIONAL EXPERIENCE.

YOUTH SERVICES: AT LIGHTHOUSE INTERNATIONAL, SCHOOL-AGED YOUTH AND TEENS PARTICIPATE IN A WIDE RANGE OF EDUCATIONAL, SOCIAL, RECREATIONAL AND VOCATIONAL EXPERIENCES THROUGH PROGRAMS THAT HELP THEM BUILD CONFIDENCE AND DEVELOP STRATEGIES TO SUCCEED AT HOME, IN SCHOOL, IN THE COMMUNITY AND, ULTIMATELY, AT WORK. COMPUTER TRAINING, INSTRUCTION IN INDEPENDENT LIVING AND HOW TO AMBULATE SAFELY ON THEIR

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

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

OWN, ALONG WITH SOCIAL WORK SUPPORT, LAY THE FOUNDATION FOR TEENS WITH IMPAIRED VISION TO GAIN THE SELF-SUFFICIENCY THEY WILL NEED AS ADULTS.

LOW VISION CENTER: THE PIONEER IN THE TREATMENT OF LOW VISION, THE LIGHTHOUSE PROVIDES SERVICES THAT INCLUDE A SPECIALIZED EYE EXAMINATION BY A LOW VISION DOCTOR TO EVALUATE A PERSON'S REMAINING VISION AND OVERALL VISUAL FUNCTION, AND THEIR IMPACT ON DAILY LIVING. THE LOW VISION EXAM ASSESSES NOT ONLY HOW WELL SOMEONE CAN SEE AN EYE CHART, BUT ALSO HOW WELL A PERSON CAN SEE FACES, STREET SIGNS, NEWSPAPER PRINT, AND ALL THE OTHER VISUAL CLUES THAT GUIDE PEOPLE THROUGH THE DAY. LOW VISION DOCTORS PRESCRIBE A WIDE RANGE OF OPTICAL DEVICES, SUCH AS HIGH-POWERED SPECTACLES AND MAGNIFIERS, TO ENHANCE THE IMAGES THAT CAN BE SEEN.

REHABILITATION SERVICES: OUR THERAPISTS INTRODUCE NEW SKILLS AND ALTERNATIVE STRATEGIES FOR READING, WRITING AND PERFORMING EVERYDAY TASKS SUCH AS MATCHING CLOTHING, PREPARING FOOD AND COOKING SAFELY, ORGANIZING THE HOME, IDENTIFYING MONEY AND KEEPING FINANCIAL RECORDS. THE GOAL IS TO ENSURE THAT PEOPLE WITH VISION LOSS, AND THOSE WITH ADDITIONAL PHYSICAL PROBLEMS, CAN PERFORM DAILY ACTIVITIES THAT FULLY SIGHTED PEOPLE TAKE FOR GRANTED SO THEY CAN BE INDEPENDENT AT HOME - AND ON THE GO.

ORIENTATION AND MOBILITY INSTRUCTION: LIGHTHOUSE INTERNATIONAL PROFESSIONALS TEACH PEOPLE WHO ARE VISUALLY IMPAIRED HOW TO TRAVEL

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ATTACHMENT 4 (CONT'D)

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

SAFELY, TAKE PUBLIC TRANSPORTATION ON THEIR OWN, AND AVOID FALLS AND INJURIES. INSTRUCTION INCLUDES HOW TO REDUCE HAZARDS IN THE HOME, HOW TO USE A PRESCRIBED WHITE CANE, AND HOW TO RIDE BUSES AND SUBWAYS SAFELY.

CAREER SERVICES: WE ENABLE WORKING-AGE ADULTS TO SECURE - AND RETAIN - JOBS IN THE COMPETITIVE MARKETPLACE BY PROVIDING TRAINING IN BASIC OFFICE SKILLS AND ASSISTIVE COMPUTER TECHNOLOGY, AND BY MATCHING QUALIFIED WORKERS WITH JOB OPENINGS. OUR JOB RETENTION SERVICES HELP PEOPLE WHO FEAR LOSING THEIR JOBS AS A RESULT OF IMPAIRED VISION. WE ALSO WORK WITH EMPLOYERS TO MATCH QUALIFIED CANDIDATES, MAKE WORKSITE ACCOMMODATIONS AND ENSURE ACCESSIBILITY.

PYSCHOSOCIAL SERVICES: VISION IMPAIRMENT, AND THE CHALLENGES IT POSES CAN BE OVERWHELMING. WE PROVIDE EMOTIONAL SUPPORT TO HELP PEOPLE ADJUST TO, AND COPE WITH VISION LOSS.

DIABETES SERVICES: DIABETES IS THE LEADING CAUSE OF NEW CASES OF LEGAL BLINDNESS IN THE DEVELOPED WORLD, AND IS RISING IN EPIDEMIC PROPORTIONS IN THE US. PEOPLE WITH DIABETES OFTEN HAVE DIFFICULTY READING MEDICINE BOTTLES AND FOOD LABELS, MANAGING MEDICATIONS AND GLUCOSE LEVELS, AND MAKING NUTRITIOUS CHOICES - ALL OF WHICH ARE SO CRITICAL TO DIABETES SELF-MANAGEMENT. THROUGH EDUCATION AND ONE-ON-ONE DISEASE MANAGEMENT SERVICES, THE LIGHTHOUSE HELPS PEOPLE WHO ARE FACING THESE CHALLENGES CONTROL THEIR CONDITION, AND MINIMIZE VISION LOSS AND DIABETIC COMPLICATIONS.

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ATTACHMENT 4 (CONT'D)

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

GERIATRIC SERVICES PROVIDES GERIATRIC VISION CARE AT OUR HEADQUARTERS ON EAST 59TH STREET IN MANHATTAN AND IN TARGETED COMMUNITIES IN THE NEW YORK AREA SUCH AS EAST HARLEM. A MAIN COMPONENT OF THE GERIATRIC SERVICES IS OUR COMMUNITY OUTREACH TO SENIORS. THIS OUTREACH INFORMS OLDER ADULTS ABOUT VISION LOSS, THE MAJOR EYE CONDITIONS PREVALENT AMONG OLDER ADULTS, HOW THESE CONDITIONS AFFECT DAILY FUNCTIONING, AND HOW LOW VISION AND VISION REHABILITATION SERVICES ENABLE THEM TO MAKE THE BEST USE OF THEIR REMAINING VISION IN MEETING LIFE'S DAILY CHALLENGES WHILE HELPING THEM REMAIN SAFE IN THEIR HOMES AND COMMUNITIES. PATIENT NAVIGATORS HELP THOSE AT RISK OF VISION LOSS TO OVERCOME OBSTACLES TO GAINING THE CARE THEY NEED.

THE FILOMEN M. D'AGOSTINO GREENBERG MUSIC SCHOOL: WITH 130 STUDENTS RANGING IN AGE FROM FIVE TO 95 - AND AT ALL LEVELS - LIGHTHOUSE INTERNATIONAL'S MUSIC SCHOOL IS DEDICATED TO HELPING PEOPLE PURSUE THEIR INTEREST IN, AND STUDY OF, MUSIC WHILE OVERCOMING THE CHALLENGES POSED BY VISION LOSS. IT IS THE ONLY COMMUNITY MUSIC SCHOOL FOR PEOPLE WITH IMPAIRED VISION IN THE U.S. STUDENTS INCLUDE CHILDREN AND YOUNG PEOPLE. PROFESSIONAL MUSICIANS - AND ANYONE INTERESTED IN ENRICHMENT THROUGH LIFELONG MUSICAL LEARNING. WE HAVE AN ASSISTIVE MUSIC TECHNOLOGY CENTER THAT LEVELS THE PLAYING FIELD FOR PEOPLE WITH VISION LOSS, AS WELL AS A UNIQUE MUSIC LIBRARY WITH MORE THAN 25,000 SCORES IN BRAILLE, LARGE-PRINT AND REGULAR STAFF NOTATION, ENSURING ACCESSIBILITY FOR ALL.

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

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

CENTER FOR EDUCATION: AS THE WORLDWIDE EXPERT IN LOW VISION CARE, LIGHTHOUSE INTERNATIONAL HAS TAUGHT THOUSANDS OF LOW VISION SPECIALISTS AND VISION REHABILITATION PROFESSIONALS AROUND THE GLOBE. OUR ACCREDITED CONTINUING EDUCATION PROGRAMS, IN PERSON AND ONLINE, EQUIP PRACTITIONERS WITH ESSENTIAL SKILLS TO MEET THE NEEDS OF THE RAPIDLY GROWING NUMBER OF PEOPLE WHO ARE VISUALLY IMPAIRED. ARLENE R. GORDON RESEARCH INSTITUTE: LIGHTHOUSE INTERNATIONAL IS THE ONLY VISION REHABILITATION ORGANIZATION WITH ITS OWN RESEARCH INSTITUTE. OUR MULTIDISCIPLINARY INVESTIGATORS PARTICIPATE IN GROUND-BREAKING CLINICAL TRIALS OF NEW TREATMENTS DESIGNED TO RESTORE SIGHT, AND FURTHER OUR UNDERSTANDING OF HOW PEOPLE WHO ARE VISUALLY IMPAIRED FUNCTION IN EVERYDAY LIFE.

RESEARCH INSIGHTS ARE APPLIED TO HELP PEOPLE WITH VISION LOSS REMAIN PRODUCTIVE, ACTIVE AND INDEPENDENT. PROJECTS ARE FUNDED BY COMPETITIVE GRANTS FROM GOVERNMENT AGENCIES, PRIVATE FOUNDATIONS AND CORPORATIONS, INCLUDING THE NATIONAL EYE INSTITUTE, THE NATIONAL INSTITUTE OF MENTAL HEALTH AND THE NATIONAL INSTITUTE ON AGING, AMONG OTHERS.

ADVOCACY: SINCE OUR FOUNDING, LIGHTHOUSE INTERNATIONAL HAS BEEN A STRONG VOICE FOR PEOPLE WHO ARE VISUALLY IMPAIRED, OVERCOMING OBSTACLES AND OPENING NEW DOORS FOR THEIR FULL INCLUSION INTO MAINSTREAM SOCIETY. WE PROMOTE EQUAL ACCESS TO EDUCATION, HEALTH CARE, INFORMATION, JOBS, VOTING AND REIMBURSEMENT FOR VITAL VISION

Name of the organization

LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

ATTACHMENT 4 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

REHABILITATION SERVICES ON BEHALF OF THE MILLIONS OF AMERICANS WITH
VISION LOSS.

ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LW ROBBINS ASSOCIATES 201 SUMMER STREET PO BOX 5838 HOLLISTON, MA 01746	PRINTING AND MAILING	264,410.
EXCEL GUARD CORPORATION 505 EIGHTH AVENUE 17TH FLOOR NEW YORK, NY 10018	SECURITY SERVICES	181,658.
CITY CENTRAL JANITORIAL 85 10TH AVENUE NEY YORK, NY 10011	JANITORIAL	176,250.
EPIC STAFFING 247 MADISON AVENUE NEW YORK, NY 10016	STAFFING	184,657.
PAYROLLING.COM 4626 ALBUQUERQUE STREET SAN DIEGO, CA 92109	STAFFING	542,489.
TOTAL COMPENSATION		<u>1,349,464.</u>