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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

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

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: Lighthouse International  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 111 EAST 59TH STREET \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: NEW YORK, NY 10022

**D** Employer identification number: 13-1096620  
**E** Telephone number: (212) 821-9200  
**G** Gross receipts \$ 45,111,667

**F** Name and address of principal officer: mark ackermann, 111 EAST 59TH STREET, NEW YORK, NY 10022

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ WWW.LIGHTHOUSE.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_  
**L** Year of formation: 1906 **M** State of legal domicile: NY

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities Lighthouse International is dedicated to fighting vision loss through prevention, treatment and empowerment		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	175
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2,150
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	420,997
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	24,186,523	15,681,017
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,588,387	1,636,512
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,205,080	6,973,528
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,650,190	630,944
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,630,180	24,922,001
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	60,000	102,000
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	18,005,967	17,873,160
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,650,979	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,467,234	8,886,860
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,533,201	26,862,020	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	96,979	-1,940,019	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	98,370,290	90,471,699
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	59,649,935	67,132,619

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\*  
 Date: 2012-12-14

Mark Ackerman President/CEO  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed   
 Preparer's taxpayer identification number (see instructions): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 666 THIRD AVENUE, NEW YORK, NY 100174057  
 EIN: \_\_\_\_\_ Phone no: (212) 599-0100

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

LIGHTHOUSE INTERNATIONAL FOR THE 21ST CENTURY HELPING MILLIONS WITH VISION LOSS FOUNDED IN 1905, LIGHTHOUSE INTERNATIONAL IS THE LEADING NON-PROFIT ORGANIZATION WORLDWIDE DEDICATED TO FIGHTING VISION LOSS THROUGH PREVENTION, TREATMENT AND EMPOWERMENT THE NEED FOR VISION HEALTH CARE SERVICES IS MORE CRITICAL NOW THAN AT ANY TIME IN OUR HISTORY DUE TO THE AGING OF OUR POPULATION AND CONDITIONS SUCH AS MACULAR DEGENERATION AND DIABETES, WHICH ARE BOTH RISING IN RECORD NUMBERS THE STATISTICS ARE COMPELLING THERE ARE 314 MILLION PEOPLE WORLDWIDE THAT ARE VISUALLY IMPAIRED- 45 MILLION THAT ARE BLIND AND 269 MILLION THAT HAVE LOW VISION IN THE U S ALONE, 20 MILLION PEOPLE AGE 45+ SELF-REPORT VISION IMPAIRMENT LIGHTHOUSE INTERNATIONAL IS RESPONDING TO THIS VISION LOSS EPIDEMIC BY - PROVIDING MORE CRITICALLY NEEDED VISION HEALTHCARE SERVICES TO PREVENT AND TREAT EYE DISEASE, AND TO REDUCE THE DISABLING EFFECTS OF VISION LOSS - PRESERVING VISION THROUGH THE EARLY DETECTION AND MANAGEMENT

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 2,121,458 including grants of \$ ) (Revenue \$ 62,869 )

Rehabilitation Services provide rehabilitation and training to assist individuals with impaired or no vision learn new skills, strategies for safe travel, and techniques to manage various activities of daily living including homemaking, food preparation cooking, grooming, personal financial management, and medication management in order to enjoy safe and independent lives

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

The Child Development Center provides comprehensive services to meet the individual needs of children with vision impairment from birth to age five through an Early Intervention Program that helps toddlers with vision problems reach developmental milestones, and a uniquely integrated preschool, where children who are visually impaired learn alongside those with fully functional eyesight for a more enriched educational experience

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

Low Vision Services INCLUDE SPECIALIZED EYE EXAMINATION BY LOW VISION providers, including optometrists, TO EVALUATE A PERSON'S REMAINING VISION AND OVERALL VISUAL FUNCTION The goals are to maximize existing vision - often with the use of prescribed optical devices - and to enhance quality of life at any age

See Additional Data Table

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

**4e Total program service expenses** \$ 20,261,797

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>		No
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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

<b>21</b>	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> . . . . .	<b>21</b>		No
<b>22</b>	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> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	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> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>	Yes	
<b>34</b>	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> . . . . .	<b>34</b>		No
<b>35a</b>	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes sub-questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	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 . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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? . . . . .		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) . . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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  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
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
 JOHN VLACHOS  
 111 EAST 59TH STREET  
 NEW YORK, NY 10022  
 (212) 821-9579



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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,514,706	0	482,497	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**30

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Greystone Staffing Inc 48 south Service Road MELVILLE, NY 11747	Per Diem Staffing	575,597
LW Robbins Associates 201 Summer Street HOLLISTON, MA 017465838	Direct Mail	395,458
Changing Our World Inc 220 East 42nd Street 5th Fl NEW YORK, NY 10017	Consulting	300,213
Marc Rosen Associates PO BOX 1307 NEW YORK, NY 10021	event consultant	260,000
GRANT THORNTON LLP 666 THIRD AVE 13TH FL NEW YORK, NY 10017	ACCOUNTING	251,667

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**9

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	1,465,827					
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	5,965,746					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	8,249,444					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 23,090						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	15,681,017					
<b>Program Service Revenue</b>	<b>2a</b>	DIRECT CLIENT SERVICE INCOME	Business Code 900099	1,636,512	1,636,512			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		1,636,512				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		958,975		958,975		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . ▶		0				
	<b>5</b>	Royalties . . . . . ▶		32,460		32,460		
	<b>6a</b>	Gross rents	(i) Real	4,208,099				
			(ii) Personal					
			<b>b</b>	Less rental expenses	3,787,102			
			<b>c</b>	Rental income or (loss)	420,997			
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . ▶		420,997		420,997		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	21,249,752	5,000			
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	15,240,199			
			<b>c</b>	Gain or (loss)	6,009,553	5,000		
	<b>d</b>	<b>Net gain or (loss)</b> . . . . . ▶		6,014,553		6,014,553		
	<b>8a</b>	Gross income from fundraising events (not including \$ 1,465,827 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		581,854			
			<b>b</b>	Less direct expenses . . . . . <b>b</b>	581,854			
<b>c</b>			<b>Net income or (loss) from fundraising events</b> . . . ▶		0			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b>	Less direct expenses . . . . . <b>b</b>					
		<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . ▶		0			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		495,130				
		<b>b</b>	Less cost of goods sold . . . . . <b>b</b>	580,511				
		<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . ▶		-85,381		-85,381	
	Miscellaneous Revenue	Business Code						
<b>11a</b>	SYMPOSIUM/LECTURE/TRAINING REVENUE	611600	45,301		45,301			
<b>b</b>	SETTLEMENT PROCEEDS	900099	111,947		111,947			
<b>c</b>	MISCELLANEOUS	900099	105,620		105,620			
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		262,868					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		24,922,001	1,636,512	420,997	7,183,475		

**Part IX Statement of Functional Expenses**

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

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22	102,000	102,000		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	2,514,706	1,236,065	701,910	576,731
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b>	Other salaries and wages	11,494,294	9,673,018	615,232	1,206,044
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,218,537	959,646	91,782	167,109
<b>9</b>	Other employee benefits	1,796,426	1,375,413	195,087	225,926
<b>10</b>	Payroll taxes	849,197	668,776	63,963	116,458
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management	0			
<b>b</b>	Legal	161,156	96,663	44,787	19,706
<b>c</b>	Accounting	234,962	140,933	65,299	28,730
<b>d</b>	Lobbying	40,000	23,992	11,117	4,891
<b>e</b>	Professional fundraising See Part IV, line 17	0			
<b>f</b>	Investment management fees	204,941		204,941	
<b>g</b>	Other	2,463,867	1,477,855	684,741	301,271
<b>12</b>	Advertising and promotion	99,727			99,727
<b>13</b>	Office expenses	929,459	621,983	47,164	260,312
<b>14</b>	Information technology	45,292	27,167	12,587	5,538
<b>15</b>	Royalties	0			
<b>16</b>	Occupancy	1,120,830	911,484	34,458	174,888
<b>17</b>	Travel	245,276	109,767	62,741	72,768
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b>	Conferences, conventions, and meetings	0			
<b>20</b>	Interest	1,543,525	1,307,551	58,187	177,787
<b>21</b>	Payments to affiliates	0			
<b>22</b>	Depreciation, depletion, and amortization	1,110,867	1,010,890	22,217	77,760
<b>23</b>	Insurance	188,486	153,281	5,795	29,410
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	BAD DEBT EXPENSE	265,500	194,576	14,507	56,417
<b>b</b>	MISCELLANEOUS EXPENSE	232,972	170,737	12,729	49,506
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	26,862,020	20,261,797	2,949,244	3,650,979
<b>26</b>	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,320,401	365,619		954,782

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,325,594	<b>1</b>	4,294,667
	<b>2</b> Savings and temporary cash investments . . . . .	3,104,599	<b>2</b>	1,941,640
	<b>3</b> Pledges and grants receivable, net . . . . .	9,184,157	<b>3</b>	7,952,788
	<b>4</b> Accounts receivable, net . . . . .	1,344,992	<b>4</b>	1,511,626
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	1,900,000	<b>7</b>	1,520,000
	<b>8</b> Inventories for sale or use . . . . .	152,635	<b>8</b>	184,394
	<b>9</b> Prepaid expenses and deferred charges . . . . .	379,821	<b>9</b>	1,538,529
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	55,528,789		
	<b>b</b> Less accumulated depreciation . . . . .	31,741,735		
	<b>11</b> Investments—publicly traded securities . . . . .	24,757,058	<b>10c</b>	23,787,054
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	22,174,529	<b>11</b>	19,398,457
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	32,970,585	<b>12</b>	28,002,876
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>14</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,076,320	<b>15</b>	339,668	
	98,370,290	<b>16</b>	90,471,699	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,088,065	<b>17</b>	5,414,334
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	38,544,057	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	213,272	<b>23</b>	45,000,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	13,804,541	<b>25</b>	16,718,285
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	59,649,935	<b>26</b>	67,132,619
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	-4,693,162	<b>27</b>	-16,841,509
	<b>28</b> Temporarily restricted net assets . . . . .	21,728,521	<b>28</b>	18,598,951
	<b>29</b> Permanently restricted net assets . . . . .	21,684,996	<b>29</b>	21,581,638
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	38,720,355	<b>33</b>	23,339,080	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	98,370,290	<b>34</b>	90,471,699	

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 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	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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?		No
<b>b</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		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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 **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 the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,001,348	9,701,990	13,301,327	24,186,523	15,657,927	79,849,115
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	17,001,348	9,701,990	13,301,327	24,186,523	15,657,927	79,849,115
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,934,029
<b>6 Public Support.</b> Subtract line 5 from line 4						72,915,086

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	17,001,348	9,701,990	13,301,327	24,186,523	15,657,927	79,849,115
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,018,492	1,097,077	633,489	1,003,895	1,294,782	5,047,735
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on			0			0
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	576,588	1,284,207	661,340	890,802	990,462	4,403,399
<b>11 Total support</b> (Add lines 7 through 10)						89,300,249

**12** Gross receipts from related activities, etc (See instructions) **12** 21,106,703

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	81.652%
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	70.669%

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12.)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
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<b>Explanation</b>
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# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1096620  
**Name:** Lighthouse International

## Form 990, Special Condition Description:

<b>Special Condition Description</b>
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## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

<b>4d. Other program services</b>					
(Code	) (Expenses \$	1,121,690	including grants of \$	) (Revenue \$	1,500 )
1	Career and youth services				
(Code	) (Expenses \$	1,750,660	including grants of \$	) (Revenue \$	0 )
2	Early Intervention				

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

<b>4d. Other program services</b>					
(Code	)	(Expenses \$	238,504	including grants of \$	(Revenue \$ 0 )
3	Outreach				
(Code	)	(Expenses \$	1,950,476	including grants of \$	(Revenue \$ 73,102 )
4	Music and Print access services				

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

<b>4d. Other program services</b>					
5	Research	(Code )	(Expenses \$ 432,483	including grants of \$	(Revenue \$ 0 )
6	Volunteer/social services	(Code )	(Expenses \$ 1,085,639	including grants of \$	(Revenue \$ 50,753 )

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

<b>4d. Other program services</b>					
(Code	)	(Expenses \$	1,007,874	including grants of \$	) (Revenue \$ 455,673 )
7	Consumer products				
(Code	)	(Expenses \$	638,184	including grants of \$	) (Revenue \$ 20,426 )
8	Social Services				

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

<b>4d. Other program services</b>					
(Code	)	(Expenses \$	443,676	including grants of \$	) (Revenue \$ 0 )
9					Education and Advocacy
(Code	)	(Expenses \$	809,466	including grants of \$	102,000 ) (Revenue \$ 0 )
10					Policy and advocacy

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**4d. Other program services**

(Code ) (Expenses \$ 1,870,334 including grants of \$ ) (Revenue \$ 0 )

11 Public information

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Mark G Ackermann President/CEO	45.0	X		X				436,800	0	30,699
Roger Goldman Chairman	5.0	X		X				0	0	0
Joseph A Ripp Vice-Chair/Treasurer	5.0	X		X				0	0	0
Jonathan M Wainwright Director	5.0	X		X				0	0	0
Deborah L Bernstein Director	5.0	X						0	0	0
Charles S Cohen Director	5.0	X						0	0	0
Donald J D'Amico MD Director	5.0	X						0	0	0
Henry P Davison II Director	5.0	X						0	0	0
Lino Garcia Director	5.0	X						0	0	0
Thomas ST Gimbel Director	5.0	X						0	0	0
Stephanie Goldman-Pittel Director	5.0	X						0	0	0
Arlene R Gordon Director	5.0	X						0	0	0
Rajive Johri Director	5.0	X						0	0	0
William Miller Director	5.0	X						0	0	0
Barbara A Munder Riordan Director	5.0	X						0	0	0
Amelia Quist-Ogunlesi Director	5.0	X						0	0	0
John Partilla Director	5.0	X						0	0	0
Dorothy M Philips PHD Director	5.0	X						0	0	0
Ellen Ratner Director	5.0	X						0	0	0
Carol V Schwartz Director	5.0	X						0	0	0
Laine Siklos Director	5.0	X						0	0	0
Sarah Smith Director	5.0	X						0	0	0
Ann D Thivierge Director	5.0	X						0	0	0
Lawrence A Yannuzzi MD Director	5.0	X						0	0	0
Frank Angello Chief Financial Officer	45.0			X				319,821	0	18,830

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
Theodore Francavilla Executive VP & COC	45 0			X				332,259	0	29,124
Maura Sweeney Senior VP, COO	45 0			X				295,915	0	21,130
John Vlachos Senior Vice President/CFO	40 0			X				15,865	0	0
Bruce P Rosenthal OD FAAq Chief of low vision programs	45 0					X		249,208	0	29,132
Hope Kessler Senior VP Development	45 0					X		242,628	0	171,137
Lisa Ferfaglia VP, Human Resources	45 0					X		200,240	0	16,414
Barbara Gyde SVP, Chief External Affairs	45 0					X		194,327	0	20,869
Cynthia Stuen SVP, Chief Professional Affairs	45 0					X		227,643	0	145,162

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

Complete if the organization is described below.

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the 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 on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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

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

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

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2a</b> Lobbying non-taxable amount			168,605		168,605
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					252,908
<b>c</b> Total lobbying expenditures			52,000		52,000
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		40,000
<b>j</b> Total lines 1c through 1i			40,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**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".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Description of lobbying activities	part ii-b	Lighthouse International engages in two methods of lobbying, which include grassroots and direct contact with legislators or their staff, government officials or a legislative body. Grassroots lobbying is accomplished by contacting the public through a legislative action website, www.lighthouse.org/advocacy, to urge them to contact their legislators or other governmental officials for the purposes of making them aware of issues relating to vision impairment. Direct contact with legislators or their staff, government officials, or a legislative body occurs through the engaging of two lobbyists (one on the federal level and one on the New York State level) as well as occasional visits to Washington D C and Albany, N Y by management and the clinical team. The amounts reported on Schedule C (\$40,000) represent amounts that Lighthouse paid to a lobbyist to advocate on sight-related issues for Lighthouse International.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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 the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 65.500 %
- c** Term endowment ▶ 34.500 %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b> Yes	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

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

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

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



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

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

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

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

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

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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

Identifier	Return Reference	Explanation
Endowments	Part V	The organization's endowment is maintained by The Bank of New York Mellon for the purposes of funding future program services undertaken by the Lighthouse The endowment may also be used to make future principal and interest payments on the organization's New York City Industrial Development Authority tax-exempt bonds Historically, the lighthouse followed the disclosure provisions of, "Endowments of Not-for-Profit Organizations," as the State of New York had not yet enacted a version of the Uniform Prudent Management of Institutional funds Act ("UPMIFA") Among other things, this guidance addressed the net assets classification of donor restricted endowment funds for organizations subject to an enacted version of the 2006 UPMIFA On September 17, 2010, New York State passed its own version of UPMIFA ("NYPMIFA") legislation, which was consequently applied to the Lighthouse's consolidated financial statements as of December 3, 2010 A key component of this legislation is a requirement to classify the remaining accumulations related to the donor-restricted endowment fund that were previously recorded as additions to unrestricted net assets as temporarily restricted net assets until those amounts are appropriated for expenditure by the Lighthouse Board of Directors in a manner consistent with the standard of prudence prescribed by NYPMIFA As a result of the adoption of NYPMIFA, the Lighthouse reclassified \$7,210,223 as of December 31, 2010 from unrestricted net assets to temporarily restricted assets, representing accumulated unspent earnings from donor-restricted endowment funds
reconciliation of net assets	Part XI, Line 8	Change split interest agreements \$ (482,062) Loss on extinguishment of bonds \$ (2,581,145) Minimum Pension Liability \$ (3,483,764) ----- \$ (6,546,971)
Reconciliation of revenue & Expense		Schedule D, Part XII, Line 2(d) Change in Split Interest Agreements \$ (482,062) Schedule D, Part XII, Line 4(b) & Schedule D, Part XIII, Line 2(d) Cost of Goods Sold Reclassed from Expenses \$ 580,511
Liability for uncertain tax position Fin 48 (ASC 740)	Part X	The Lighthouse follows the accounting guidance for uncertainties in income tax positions which require that a tax position be recognized or de-recognized based on a "more likely than not" threshold This applies to positions taken or expected to be taken on a tax return The Lighthouse does not believe its activities result in any uncertain tax positions







**Part IV Foreign Forms**

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



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization Lighthouse International

Employer identification number 13-1096620

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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
		<u>Posh sale</u> (event type)	<u>grunwald award</u> (event type)	<u>4</u> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,330,044	343,052	374,585	2,047,681
	<b>2</b> Less Charitable contributions . . . . .	984,812	307,839	173,176	1,465,827
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	345,232	35,213	201,409	581,854
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .		623		623
	<b>6</b> Rent/facility costs . . . . .	98,520	22,892		121,412
	<b>7</b> Food and beverages . . . . .	5,046		2,470	7,516
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	241,666	11,698	198,939	452,303
<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 581,854 )	
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . .					

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( )	
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

**b** If "No," Explain \_\_\_\_\_

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

**b** If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>
<b>b</b> An outside facility	<b>13b</b>

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Form 990, Schedule G, Part II		Lighthouse International is dedicated to fighting vision loss through prevention, treatment and empowerment. Essential to Lighthouse's mission is its ongoing fundraising efforts that enable it to research vision disorders, as well as provide educational information to the community. Lighthouse independently tracks the revenue generated by its fundraising endeavors. All data is compiled for financial statement purposes on an aggregate basis, therefore Lighthouse is unable to determine precisely how much of the gross revenue generated from special events is derived from pure contributions and how much for services rendered. To that end, Lighthouse is reporting, for 990 purposes, an amount as "services rendered" that equals the expense of conducting the event since it is reasonable to project that the costs of holding each event were passed through to the attendees. For 990 reporting purposes, the Lighthouse has opted to report its special events consistent with how they are presented in the financial statements. The amounts reported on Schedule G and Part VIII, Line 8 tie back directly to Special Events revenue as reported in the financial statements. The \$581,854 in special event expenses, likewise, ties back to the financial statements and represents direct special event expenses. The Lighthouse does incur indirect and overhead expenses on its special events, but those expenses have been reported on Part IX, Functional Expenses, rather than on Part VIII (again, so that the 990 ties back to the financial statements).

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Lighthouse International

Employer identification number

13-1096620

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use 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
(1) Assistance to visually impaired students	6	72,000			
(2) Annual Award to treat severe vision impairment	6	30,000			

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

Identifier	Return Reference	Explanation
Grants	Part I, Line 2	Grants and awards are based on a written application and essay which are selected by an internal review committee. In addition, the Pisart Vision Award is granted to an individual who has made an extraordinary contribution to the prevention, treatment or cure of severe vision impairment or blindness. The selection is made by a committee of Lighthouse International personnel and other professionals. In 2011, Lighthouse provided 12 scholarships that totaled \$102,000.

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ 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 Questions Regarding Compensation**

Yes No

**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

- First-class or charter travel
- Travel for companions
- Tax idemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e g , maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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 501(c)(3) and 501(c)(4) organizations only 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>	Yes	
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Mark G Ackermann	(i)	364,000	72,800	0	9,800	20,899	467,499	0
	(ii)	0	0	0	0	0	0	0
(2) Frank Angello	(i)	274,451	45,370	0	15,595	3,235	338,651	0
	(ii)	0	0	0	0	0	0	0
(3) Theodore Francavilla	(i)	171,633	13,750	146,876	9,561	19,563	361,383	0
	(ii)	0	0	0	0	0	0	0
(4) Bruce P Rosenthal OD FAAq	(i)	238,588	10,620	0	12,782	16,350	278,340	0
	(ii)	0	0	0	0	0	0	0
(5) Maura Sweeney	(i)	274,040	21,875	0	12,589	8,541	317,045	0
	(ii)	0	0	0	0	0	0	0
(6) Hope Kessler	(i)	231,388	11,240	0	155,788	15,349	413,765	0
	(ii)	0	0	0	0	0	0	0
(7) Lisa Ferfaglia	(i)	188,817	11,423	0	8,009	8,405	216,654	0
	(ii)	0	0	0	0	0	0	0
(8) Barbara Gyde	(i)	194,327	0	0	7,118	13,751	215,196	0
	(ii)	0	0	0	0	0	0	0
(9) Cynthia Stuen	(i)	213,153	14,490	0	141,576	3,586	372,805	0
	(ii)	0	0	0	0	0	0	0

**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.

Identifier	Return Reference	Explanation
Schedule J, Part I, Line 4a		Senior Vice President of Development, Hope Kessler and Senior Vice President, Chief Professional Affairs, Cynthia Stuen were awarded severance that was accrued and reported on the 2011 990, Schedule J Part II, Column C, as deferred Compensation. In 2012, their severance amounts will be paid and reported on their individual W2s and on the 2012 990 as Other Compensation. Executive Vice President, Theodore Francavilla received a severance payment of \$146,876 in calendar year 2011. This severance payment is reflected in Schedule J, part II, column b(3).

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
Lighthouse International

**Employer identification number**

13-1096620

Identifier	Return Reference	Explanation
Process used to review form 990	FORM 990, PART VI, LINE 11	Form 990 was prepared by a nationally renowned accounting firm in conjunction with the organization's financial department. A copy of the draft Form 990 was circulated to the full Board of Trustees for discussion and comment. Each Board Member was provided ample opportunity to comment on the information contained in the 990 prior to its filing with the Internal Revenue Service.

Identifier	Return Reference	Explanation
Conflict of interest policy monitoring & enforcement	FORM 990, PART VI, LINE 12	<p>Lighthouse International's Conflict of Interest Policy for Directors, Officers and Other Key Employees is as follows</p> <p>1 SCOPE The following statement of policy applies to each member of the Board and to all officers of Lighthouse International (LI) Further, it is intended to serve for the guidance of all persons employed by the institution regardless of position</p> <p>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</p> <p>3 Any Board member or Officer must report a conflict, or potential conflict, of interest in the event that any transaction for Lighthouse International which also involves a 1) member of the Board or any officer of Lighthouse International or a member of his or her family or 2) an organization with which a member of the Board or any officer of Lighthouse International is affiliated, such board member or officer, at the first knowledge of the transaction, shall disclose fully the precise nature of the interest or involvement</p> <p>4 RESTRAINT ON PARTICIPATION Directors or Officers who have declared or been found to have conflict of interest in any matter before the administration or the Board shall refrain from participating in consideration of the proposed transaction, unless for special reasons for the Board or Administration requests information or interpretation from the person or persons involved The person or persons involved should not vote on such matters and should not be presented at the time of vote</p> <p>5 DISCIPLINARY ACTION Violation of these standards by a member of the Board or by the President/CEO shall be addressed by the Board Sanctions available to the Board in its discretion range from an oral or written admonishment to removal of a trustee from the Board for cause In accordance with the Bylaws of the Board, any removal of a member of the Board for cause shall be by a vote of two-thirds (2/3) of all the trustees taken at a regular or special meeting Violations of these standards by a Lighthouse International officer other than the President/CEO shall be addressed by the President/CEO Sanctions available to the President range from an oral or written admonishment to termination of employment Any Board member or Officer of Lighthouse International who is uncertain 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</p>

Identifier	Return Reference	Explanation
Process for determining compensation	FORM 990, PART VI, LINE 15	The Finance & Administration Committee of the Board of Directors of Lighthouse International reviews and approves corporate officers' compensation and benefit programs including the 401K plan annually, to ensure that programs are competitive and cost effective. Compensation decisions, including salary, bonus and other compensation, are recommended to the full Board of Directors for its approval. For all other employees, including key employees all recommendations are reviewed by human resources and the President/CEO. Human resources regularly reviews compensation through various external market surveys and sources. Deliberation includes evaluation of individual performance measured against personal and corporate goals.

Identifier	Return Reference	Explanation
Availability of documents to the public	FORM 990, PART VI, LINE 19	The organization makes its Form 990 available to the public by making the copy retained at its place of business readily available for public inspection. The Form 990 is also published on the internet at <a href="http://www.guidestar.org">www.guidestar.org</a> . 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.

Identifier	Return Reference	Explanation
Other Program Service Activities	Form 990, Part III, line 4d	<p>In addition to the three largest program services, Lighthouse International undertakes the following other program activities</p> <ol style="list-style-type: none"> <li>1) Career services enable people with impaired vision to prepare for, obtain or retain a job in the competitive marketplace. Matching employers with qualified candidates and ensuring workplace accessibility for employees with vision loss are key components. Youth services empower teens with vision loss to build the confidence, socialization and independent living skills they need to achieve success in school and, ultimately, in the working world as self-sufficient adults.</li> <li>2) Home based early intervention is dedicated to helping children with visual impairments and/or developmental delays from birth to three years of age. Programs help infants and toddlers with vision problems and developmental delays reach the same developmental milestones as their peers.</li> <li>3) Outreach encompasses the development of strategic initiatives and activities to advance awareness of vision related issues, and provides education and referrals for the full range of services provided by the Lighthouse in the New York metropolitan area.</li> <li>4) Music &amp; 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.</li> <li>5) Research that advances the UNDERSTANDING OF how people with vision loss function is conducted in the Arlene R. Gordon Research Institute. Lighthouse International is the only vision rehabilitation organization that has a research program. Investigators in this unique institute focus primarily on two areas: vision science, and the evaluation of Lighthouse programs and services. Consumer products span a wide range of lighting, magnifying and adaptive devices- all of which are designed to make life easier for people with vision loss.</li> <li>6) Volunteers and Reading services recruit outstanding individuals including college interns and business professionals who give of their time and expertise to support our programs and mission.</li> <li>7) Consumer Products include the Optical Dispensary and Retail and online lighthouse store which provide a wide range of lighting, magnifying and adaptive devices - all of which are designed to make life easier for people with vision loss - available to those who need them.</li> <li>8) Social Services assist people and their families/caregivers in adjusting to and coping with vision loss, by addressing the emotional and psychological impact of the vision loss so that independence, dignity and quality of life are maintained.</li> <li>9) Professional Education offers accredited professional continuing education courses in low vision care and vision rehabilitation as well as paraprofessional training.</li> <li>10) Policy and Advocacy includes outreach to raise awareness of vision impairment, and advocacy initiatives, which promote the rights of people with vision loss and their inclusion in mainstream society.</li> <li>11) Public information disseminates communications through various media outlets to raise widespread awareness of the prevalence of vision loss, and to promote the importance of prevention and early intervention, as well as the benefits of vision rehabilitation for people who are blind or visually impaired.</li> </ol> <p>paraprofessional training</p>

Identifier	Return Reference	Explanation
Reconciliation of net assets	Part XI, Line 5	Other Changes in Net Assets Change split interest agreements \$ (482,062) Loss on extinguishment of bonds \$ (2,581,145) Minimum Pension Liability \$ (3,483,764) Unrealized gain/(Loss) \$ (6,894,284) ----- ----- \$ (13,441,226)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

Lighthouse International

**Employer identification number**

13-1096620

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Lighthouse Intl Real Estate Holdings llc 111 East 59th Street New York, NY 10022	Real Estate	DE	4,414,672	24,074,834	Lighthouse

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**Part VII Supplemental Information**

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

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**