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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 private foundations)

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

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LIGHTHOUSE INTERNATIONAL Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite 15 WEST 65TH STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023	D Employer identification number 13-1096620 E Telephone number (212) 769-6200 G Gross receipts \$ 28,079,303
F Name and address of principal officer ALAN R MORSE 15 WEST 65TH STREET NEW YORK, NY 10023		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.LIGHTHOUSEGUILD.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1906 M State of legal domicile NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities PROVIDE SERVICES AND EXPAND ACCESS TO CARE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, INCLUDING THOSE WITH MULTIPLE DISABILITIES OR CHRONIC MEDICAL CONDITIONS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	10	
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	146	
6	Total number of volunteers (estimate if necessary)	6	232	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,023,016	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,023,016	
8	Contributions and grants (Part VIII, line 1h)	8	15,110,730	1,132,274
9	Program service revenue (Part VIII, line 2g)	9	1,221,767	5,333,473
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	2,952,732	2,578,380
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	724,706	-390,043
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	20,009,935	8,654,084
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	100,000	77,773
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15	13,118,784	7,322,227
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	39,050	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17	7,973,074	5,366,519
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18	21,230,908	12,766,519
19	Revenue less expenses Subtract line 18 from line 12	19	-1,220,973	-4,112,435
20	Total assets (Part X, line 16)	20	85,286,584	82,041,768
21	Total liabilities (Part X, line 26)	21	59,933,153	65,502,538
22	Net assets or fund balances Subtract line 21 from line 20	22	25,353,431	16,539,230

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	2015-11-05 Date			
	ELLIOT J HAGLER CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AARON SHAPIRO	Preparer's signature AARON SHAPIRO	Date	Check <input type="checkbox"/> if self-employed	PTIN P01333816
	Firm's name ▶ LOEB & TROPER LLP		Firm's EIN ▶ 13-1517563		
	Firm's address ▶ 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017		Phone no (212) 867-4000		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 TO HELP PEOPLE OF ALL AGES WHO ARE BLIND OR VISUALLY IMPAIRED AS WELL AS THOSE WITH MULTIPLE DISABILITIES OR CHRONIC MEDICAL CONDITIONS TO LEAD PRODUCTIVE, DIGNIFIED AND FULFILLING LIVES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 2,776,580 including grants of \$) (Revenue \$ 2,237,373)
 SEE SCHEDULE OVISION REHABILITATION SERVICES HELP PEOPLE OF ALL AGES WHO ARE BLIND OR VISUALLY IMPAIRED GAIN OR REGAIN FUNCTION, MAXIMIZE THEIR USEABLE VISION AND RECOGNIZE AND DEVELOP THE SKILLS THEY NEED TO REMAIN ENGAGED, SAFE AND INDEPENDENT IN ALL ASPECTS AND STAGES OF THEIR LIVES ACADEMIC AND COMMUNICATIONS SKILLS ADDRESS CLIENTS' EDUCATIONAL OR VOCATIONAL GOALS THROUGH ASSESSMENT OF ACADEMIC POTENTIAL, INSTRUCTION IN THE ADAPTIVE AIDS OR COMPENSATORY SKILLS FOR ACADEMIC SUCCESS, TEST PREPARATION FOR HIGH SCHOOL EQUIVALENCY TEST, ADULT BASIC EDUCATION, TEST OF ENGLISH AS A FOREIGN LANGUAGE, AMERICAN CITIZENSHIP TESTS, AND COLLEGE PREPARATORY EXAMS INCLUDING THE SAT, THE ACT AND THE GRE ASSISTIVE TECHNOLOGY TRAINING THE HENRY A GRUNWALD TECHNOLOGY CENTER OFFERS CONSULTATION AND TRAINING ON BASIC AND ADVANCED USES OF CELL PHONES, TABLETS AND OTHER TECHNOLOGIES AND ALSO PROVIDES CLIENTS WITH INFORMATION AND RESOURCES ON ACCESSIBLE TECHNOLOGY CAREER SERVICES PROVIDE WORK READINESS AND TRAINING PROGRAMS FOCUSED ON HELPING CLIENTS FIND AND RETAIN JOBS INCLUDING - PRE-EMPLOYMENT TRAINING, WHICH INCLUDES A FOUR-WEEK COURSE TO HELP CLIENTS MARKET THEIR SKILLS AND ABILITIES TO EMPLOYERS- JOB PLACEMENT, RESUME DEVELOPMENT AND INTERVIEW STRATEGIES - INTERNSHIPS WHICH ALLOW A THREE-MONTH TRIAL OF THE JOB AND INCLUDE TRAINING FOR THE EMPLOYEE- JOB RETENTION SERVICES, WHICH INCLUDE AN ON-SITE ANALYSIS OF THE CLIENT'S CURRENT POSITION AND RECOMMENDS ANY ACCOMMODATIONS- EMPLOYER PRESENTATIONS TO FACILITATE FULL INTEGRATION AND ACCOMMODATION OF PEOPLE WITH VISION IMPAIRMENT INTO THEIR WORKFORCESINDEPENDENT LIVING SKILLS TEACH CLIENTS TO FUNCTION SAFELY AND INDEPENDENTLY IN THEIR DAILY LIFE CLIENTS ARE TAUGHT ADAPTIVE SKILLS FOR DAILY TASKS SUCH AS MONEY MANAGEMENT, MEAL PREPARATION AND COOKING, ORGANIZING CLOTHES, CLEANING AND LAUNDRY WE CONDUCT HOME VISITS TO EVALUATE EACH CLIENT'S SPECIFIC NEEDS, THEIR HOME ENVIRONMENT AND TO SUGGEST MODIFICATIONS TO IMPROVE SAFETY ORIENTATION AND MOBILITY INSTRUCTION PROVIDES CLIENTS WITH THE SKILLS NECESSARY TO NAVIGATE SAFELY IN A VARIETY OF ENVIRONMENTS INCLUDING THEIR HOMES AND NEIGHBORHOODS, AND TO TRAVEL TO DESTINATIONS SUCH AS SCHOOL OR A JOB VISION REHABILITATION SERVICES WERE PROVIDED TO 968 INDIVIDUALS IN 2014 YOUTH AND TEEN PROGRAMS PROVIDE REHABILITATION, EDUCATION AND RECREATION CLASSES AND ACTIVITIES TO INDIVIDUALS AGES 6-21 TO ENHANCE THEIR TRADITIONAL EDUCATION - SATURDAY YOUTH SKILLS PROGRAM PROVIDES SOCIAL AND RECREATIONAL SERVICES TO LEGALLY BLIND CHILDREN AGES 6-13 DURING THE SCHOOL YEAR - YOUTH TRANSITION PROGRAM OFFERS AGE-APPROPRIATE PROGRAMS FOR STUDENTS AGES 14-21 TO HELP SMOOTH THE TRANSITION FROM HIGH SCHOOL TO COLLEGE, OR HIGH SCHOOL TO WORK - YOUTH EMPLOYMENT PROGRAM ALLOWS VISUALLY IMPAIRED STUDENTS TO WORK WITH OUR CAREER SERVICES STAFF TO HELP THEM SECURE PAYING JOBS IN THE COMMUNITY

4b (Code) (Expenses \$ 3,773,866 including grants of \$) (Revenue \$ 2,698,328)
 SEE SCHEDULE OTHE ETHEL AND SAMUEL J LEFRAK SCHOOL SERVES PRESCHOOL CHILDREN AGES THREE TO FIVE WITH VISION IMPAIRMENTS AND DEVELOPMENTAL DISABILITIES, AS WELL AS SIGHTED CHILDREN WITHOUT DEVELOPMENTAL DISABILITIES THE SCHOOL INCLUDES SELF-CONTAINED CLASSROOMS FOR CHILDREN WITH VISION IMPAIRMENTS AND DEVELOPMENTAL DISABILITIES AS WELL AS INTEGRATED CLASSROOMS WHICH INCLUDE NON-DISABLED CHILDREN MODIFICATIONS AND ADAPTATIONS ARE MADE WITHIN THE CLASSROOMS AND TO THE CURRICULUM TO PROVIDE STUDENTS WITH VISION LOSS THE SAME OPPORTUNITIES AS SIGHTED STUDENTS LEARNING IN THE CLASSROOM CHILDREN RECEIVING OUR SPECIAL EDUCATION SERVICES INCLUDE THOSE WITH VISION IMPAIRMENT AND BLINDNESS, CEREBRAL PALSY, COMMUNICATION DISORDERS, COGNITIVE DELAYS, MILD AUTISM AND GENERAL DEVELOPMENTAL DISABILITIES A VARIETY OF THERAPIES ARE AVAILABLE INCLUDING SERVICES FROM TEACHERS OF THE VISUALLY IMPAIRED, OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND SPEECH THERAPY THERE WERE 79 STUDENTS IN THE LEFRAK SCHOOL IN 2014 EARLY INTERVENTION SERVICES ARE DEDICATED TO HELPING CHILDREN WITH VISUAL IMPAIRMENT AS WELL AS 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 SIGHTED PEERS THIS PROGRAM CEASED OPERATIONS IN AUGUST 2014

4c (Code) (Expenses \$ 813,801 including grants of \$ 7,773) (Revenue \$ 92,520)
 SEE SCHEDULE OTHE FILOMEN M D'AGOSTINO GREENBERG MUSIC SCHOOL SERVES STUDENTS OF ALL AGES AND ABILITIES AND IS THE ONLY COMMUNITY MUSIC SCHOOL IN THE UNITED STATES DEDICATED SOLELY TO SERVING STUDENTS OF ALL AGES WITH VISION LOSS THE SCHOOL OFFERS - MUSIC EDUCATION FOR ADULTS, INCLUDING INDIVIDUAL LESSONS, CLASSES, ENSEMBLES AND PERFORMANCE OPPORTUNITIES- A COMPREHENSIVE MUSIC PROGRAM FOR STUDENTS AGES 5-21 WHICH IS OFFERED ON SATURDAYS DURING THE SCHOOL YEAR AND IN THE SUMMER- AN ACCESSIBLE MUSIC TECHNOLOGY PROGRAM WHERE MUSICIANS WITH VISION LOSS LEARN TO PRODUCE MUSIC IN BRAILLE, LARGE PRINT AND AUDIO- A SERIES OF 12-15 CONCERTS PER YEAR, WHICH INCLUDES A COMBINATION OF STUDENT, FACULTY AND GUEST ARTIST PERFORMANCES- TRAINING FOR MUSIC EDUCATORS AND TEACHERS OF THE VISUALLY IMPAIRED THE SCHOOL PROVIDED SERVICES TO 129 INDIVIDUALS IN 2014

See Additional Data








4d Other program services (Describe in Schedule O)
 (Expenses \$ 2,680,101 including grants of \$ 70,000) (Revenue \$ 305,252)

4e Total program service expenses 10,044,348

Part IV Checklist of Required Schedules

	Yes	No
1 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	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 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>		No
4 Section 501(c)(3) organizations. 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>		No
5 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>		No
6 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
7 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
8 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
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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
10 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	
11 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		
a 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 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	
c 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
d 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
e 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	
f 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	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
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 and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
17 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> (see instructions)		No
18 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>		No
19 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>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 15c If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, UT, VA, WA, WI, WV); 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 Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ELLIOT J HAGLER CHIEF FINANCIAL OFFICER

15 WEST 65TH STREET
NEW YORK, NY 10023 (212) 769-7806

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN R MORSE CHIEF EXECUTIVE OFFICER	1 70 48 30	X		X				58,418	1,610,644	163,748
(2) MARK G ACKERMANN PRESIDENT	7 50 42 50	X		X				88,692	502,587	139,601
(3) JAMES M DUBIN CHAIRMAN	0 10 1 00	X		X				0	0	0
(4) LAWRENCE E GOLDSCHMIDT DEPUTY CHAIR	0 10 0 90	X		X				0	0	0
(5) ROBERT B OKUN SECRETARY	0 10 0 90	X		X				0	0	0
(6) JOSEPH A RIPP VICE CHAIRMAN	0 10 0 90	X		X				0	0	0
(7) SARAH E SMITH TREASURER	0 10 0 90	X		X				0	0	0
(8) JONATHAN M WAINWRIGHT DEPUTY CHAIR	0 10 0 90	X		X				0	0	0
(9) PAULINE RAIFF DIRECTOR	0 10 0 90	X						0	0	0
(10) RONALD G WEINER DIRECTOR	0 10 0 90	X						0	0	0
(11) CHARLES BLUM SVP & GENERAL COUNSEL	6 00 34 10			X				52,529	297,663	66,802
(12) KELLYANNE CAIVANO SVP FINANCE	4 30 35 70			X				29,954	247,133	60,395
(13) IRMA EVANS ASSISTANT SECRETARY	5 20 29 80			X				10,397	58,914	18,332
(14) ELLIOT J HAGLER CHIEF FINANCIAL OFFICER	4 30 35 70			X				44,337	365,808	107,834

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT HOAK SVP DEVELOPMENT	0 10 39 90			X				0	243,762	63,126
(16) BRUCE MASTALINSKI CHIEF COMPLIANCE OFFICER	4 30 35 70			X				37,614	310,340	49,598
(17) SARAH SPICEHANDLER ASSISTANT SECRETARY	0 70 34 30			X				1,656	81,150	38,257
(18) CATHLEEN WIRTS SVP STRATEGY, MARKETING & COMMUNICATIONS	0 10 39 90			X				0	266,067	58,661
(19) MAURA SWEENEY SENIOR VP, PROGRAMS & SERVICES	7 90 32 10			X				63,575	254,302	41,897
(20) ELSA ESCALERA CHIEF MEDICAL OFFICER	1 00 34 00					X		6,617	225,563	56,565
(21) MELISSA FARBER VP HUMAN RESOURCES	3 50 31 50					X		18,516	164,813	74,572
(22) SARA PITTERMAN AVP FINANCE	3 80 31 20					X		17,073	140,861	42,850
(23) BRUCE P ROSENTHAL CHIEF OF LOW VISION PROGRAMS	35 00					X		236,763	0	43,026
(24) WILLIAM H SEIPLE VP RESEARCH	35 00					X		164,099	0	13,109

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	830,240	4,769,607	1,038,373

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 **6**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
NATIONAL RECRUITING GROUP PO BOX 2062 HICKSVILLE, NY 11802	STAFFING	383,177
INTEGRATED DESIGN GROUP INC 6 EAST 39TH STREET NEW YORK, NY 10016	ARCHITECTURE	123,597
KEEP CHILDREN MOVING 244 FIFTH AVENUE S267 NEW YORK, NY 10001	THERAPISTS	102,385

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 **3**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	48,900					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,083,374					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f	1,132,274					
Program Service Revenue	2a	CHILD DEVELOPMENT CENTER	611600	2,698,328	2,698,328			
	b	CBVH CONTRACTS	624310	2,237,373	2,237,373			
	c	LOW VISION CLINIC	621400	305,252	305,252			
	d	MUSIC SCHOOL	611600	92,520	92,520			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	5,333,473					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,229,314		13,763	
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		b	c	d	(i) Real	(ii) Personal		
					Gross rents	4,181,430		
					Less rental expenses	5,218,209		
					Rental income or (loss)	-1,036,779		
		d	Net rental income or (loss)	-1,036,779		-1,036,779		
7a		b	c	d	(i) Securities	(ii) Other		
					Gross amount from sales of assets other than inventory	15,106,564		
					Less cost or other basis and sales expenses	13,757,498		
					Gain or (loss)	1,349,066		
		d	Net gain or (loss)	1,349,066			1,349,066	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses b							
c	Net income or (loss) from gaming activities							
10a	b	c	d	Gross sales of inventory, less returns and allowances				
					799,065			
				Less cost of goods sold b	449,512			
	c	Net income or (loss) from sales of inventory	349,553			349,553		
	Miscellaneous Revenue	Business Code						
11a	WRITE OFF OF PRIOR YEAR LIABILITY	900099	172,912			172,912		
b	MISCELLANEOUS	900099	124,271			124,271		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		297,183					
12	Total revenue. See Instructions		8,654,084	5,333,473	-1,023,016	3,211,353		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	77,773	77,773		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	422,483		422,483	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,878,768	4,456,884	421,884	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	309,626	281,891	27,735	
9	Other employee benefits	1,288,481	1,224,784	63,697	
10	Payroll taxes	422,869	372,425	50,444	
11	Fees for services (non-employees)				
a	Management				
b	Legal	17,476	1,832	15,644	
c	Accounting	159,782	5,764	154,018	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	155,923		155,923	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	559,604	504,683	54,921	
12	Advertising and promotion				
13	Office expenses	745,666	556,294	189,372	
14	Information technology	272,317		272,317	
15	Royalties				
16	Occupancy	877,861	761,630	116,231	
17	Travel	103,214	101,746	1,468	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,047	2,047		
20	Interest	1,211,169	856,724	354,445	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	828,316	571,107	257,209	
23	Insurance	112,725	100,077	12,648	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	BAD DEBTS	310,947	159,215	151,732	
b	MISCELLANEOUS	9,472	9,472		
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,766,519	10,044,348	2,722,171	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	5,284,339	1	1,263,512
	2 Savings and temporary cash investments	2,273,834	2	3,350,629
	3 Pledges and grants receivable, net	7,389,177	3	1,983,734
	4 Accounts receivable, net	1,046,464	4	777,694
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	760,000	7	380,000
	8 Inventories for sale or use	216,666	8	69,308
	9 Prepaid expenses and deferred charges	1,005,527	9	505,988
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 57,987,841		
	b Less accumulated depreciation	10b 36,735,214	21,096,296	10c 21,252,627
	11 Investments—publicly traded securities	20,209,612	11	25,018,502
	12 Investments—other securities See Part IV, line 11	25,439,929	12	26,695,363
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	564,740	15	744,411
16 Total assets. Add lines 1 through 15 (must equal line 34)	85,286,584	16	82,041,768	
Liabilities	17 Accounts payable and accrued expenses	3,501,976	17	2,225,750
	18 Grants payable		18	
	19 Deferred revenue		19	245,628
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	45,000,000	23	45,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	11,431,177	25	18,031,160
	26 Total liabilities. Add lines 17 through 25	59,933,153	26	65,502,538
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-8,693,439	27	-17,720,949
	28 Temporarily restricted net assets	10,639,734	28	10,679,226
	29 Permanently restricted net assets	23,407,136	29	23,580,953
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	25,353,431	33	16,539,230	
34 Total liabilities and net assets/fund balances	85,286,584	34	82,041,768	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,654,084
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,766,519
3	Revenue less expenses Subtract line 2 from line 1	3	-4,112,435
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,353,431
5	Net unrealized gains (losses) on investments	5	-243,697
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,458,069
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,539,230

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 13-1096620

Name: LIGHTHOUSE INTERNATIONAL

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 2,680,101 including grants of \$ 70,000) (Revenue \$ 305,252)

THE OPTICAL DISPENSARY FILLS EYEGLASS PRESCRIPTIONS AND OFFERS A WIDE ARRAY OF CONVENTIONAL EYEWEAR AND LOW VISION DEVICES THIS PROGRAM WAS TRANSFERRED TO JGB REHABILITATION CORPORATION IN SEPTEMBER 2014 THE STORE OFFERS THE LATEST PRODUCTS THAT MAKE DAY-TO-DAY LIFE EASIER FOR PEOPLE WITH VISION IMPAIRMENT, INCLUDING GLARE-FREE LIGHTING, HOUSEHOLD ITEMS, MAGNIFYING MIRRORS, WATCHES, CLOCKS, COMPUTER SOFTWARE AND CCTVS THE PRINT ACCESS CENTER CONVERTS CONVENTIONAL PRINTED MATERIALS INTO ACCESSIBLE FORMATS BY ENLARGING OR SCANNING IT, OR BY TRANSLATING IT INTO AUDIO OR BRAILLE SERVICES INCLUDING ENLARGING TEXT, TRANSCRIBING INTO BRAILLE, OR RECORDING AN AUDIO OF A WIDE VARIETY OF WRITTEN MATERIALS FOR INDIVIDUALS AND COMPANIES, SUCH AS MENUS, LETTERS, GREETING CARDS, EXAMS, SCRIPTS, AND HEALTHCARE PROVIDER MEMBER HANDBOOKS WE ALSO OFFER A READING SERVICE WHICH PROVIDES ONE-ON-ONE READING TO VISUALLY IMPAIRED ADULTS TO SUPPORT THEIR EMPLOYMENT OR ACADEMIC ENDEAVORS THE ARLENE R GORDON RESEARCH INSTITUTE CONDUCTS STUDIES DESIGNED TO TRANSLATE SCIENTIFIC FINDINGS AND ADVANCES IN TECHNOLOGY INTO PRACTICAL SOLUTIONS THAT CAN HELP PEOPLE WHO ARE VISUALLY IMPAIRED FUNCTION MORE EFFECTIVELY IN EVERYDAY LIFE SCHOLARSHIPS SINCE 1980, WE HAVE BEEN HELPING A NUMBER OF OUTSTANDING LEGALLY BLIND STUDENTS EACH YEAR TO ATTEND COLLEGE OR ATTEND GRADUATE SCHOOL WITH SCHOLARSHIPS OF UP TO \$10,000 EACH SCHOLARSHIPS ARE BASED ON STRONG ACADEMIC ACCOMPLISHMENTS AND MERIT AND PROVIDE FINANCIAL SUPPORT TO HELP STUDENTS MAKE A SUCCESSFUL TRANSITION FROM HIGH SCHOOL TO COLLEGE OR ATTEND/REMAIN IN THE GRADUATE SCHOOL OF THEIR CHOICE CANDIDATES ARE NOT REQUIRED TO DEMONSTRATE FINANCIAL NEED AND SCHOLARSHIPS ARE UNRESTRICTED IN 2014, 7 SCHOLARSHIPS WERE AWARDED TO STUDENTS THROUGHOUT THE UNITED STATES THE PISART AWARD IN VISION SCIENCE WAS ESTABLISHED IN 1981 AND RECOGNIZES AN EARLY-CAREER CLINICIAN OR SCIENTIST WHOSE NOTEWORTHY, INNOVATIVE AND SCHOLARLY CONTRIBUTIONS HAVE THE POTENTIAL FOR SUBSTANTIAL INFLUENCE IN THE UNDERSTANDING OF VISION LOSS, TREATMENT OF EYE DISEASE OR THE REHABILITATION OF PEOPLE WITH VISION LOSS THE AWARD INCLUDES AN UNRESTRICTED CASH AWARD

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

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 described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	24,186,523	15,681,017	14,586,320	15,110,730	1,132,274	70,696,864
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,186,523	15,681,017	14,586,320	15,110,730	1,132,274	70,696,864
5 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 Public support. Subtract line 5 from line 4						70,696,864

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	24,186,523	15,681,017	14,586,320	15,110,730	1,132,274	70,696,864
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,003,895	991,435	982,100	945,037	1,229,314	5,151,781
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,265,088	4,208,099	4,677,456	6,041,294	4,181,430	22,373,367
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	420,214	262,868	103,944	77,223	297,183	1,161,432
11 Total support Add lines 7 through 10						99,383,444
12 Gross receipts from related activities, etc (see instructions)					12	11,328,424

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	71.140 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	73.580 %

16a 33 1/3% support test—2014. 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—2013. If the organization did not check a 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS WRITE OFF OF PY LIABILITY

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization LIGHTHOUSE INTERNATIONAL

Employer identification number 13-1096620

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed consent.

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

Form for Part II Conservation Easements including questions about purpose, acreage, monitoring, and expenses, with a table for 'Held at the End of the Year'.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

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

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

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

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

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

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

- a Board designated or quasi-endowment, b Permanent endowment 86.660%, c Temporarily restricted endowment 13.340%. The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 3 columns: Description (3a(i), 3a(ii)), Yes, No

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	11,007,830	F
(B) BENEFICIAL INTEREST IN TRUSTS	15,687,533	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	26,695,363	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
CHARITABLE ANNUITY OBLIGATIONS	2,263,137
ACCRUED PENSION BENEFITS	12,682,441
DUE TO AFFILIATES	3,022,045
DUE TO THIRD PARTY PAYORS	63,537
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	18,031,160

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	LIGHTHOUSE INTERNATIONAL'S ENDOWMENT IS COMPOSED OF 108 DONOR-RESTRICTED ENDOWMENTS THAT ARE MAINTAINED BY THE BANK OF NEW YORK MELLON THE ENDOWMENT IS INTENDED TO BE USED TO SUPPORT THE LIGHTHOUSE'S CHARITABLE MISSION BY FUNDING FUTURE PROGRAMMATIC ACTIVITIES
PART X, LINE 2	LIGHTHOUSE INTERNATIONAL HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING DECEMBER 31, 2011 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LIGHTHOUSE INTERNATIONAL

Employer identification number
13-1096620

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

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


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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		9,050,541
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			9,050,541
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			9,050,541

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

3 Enter total number of other organizations or entities 

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

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3(F) & PART IV	<p>THE AMOUNT REPORTED ON PART I, LINE 3(F) REPRESENTS LIGHTHOUSE INTERNATIONAL'S INVESTMENT INTEREST IN LIMITED PARTNERSHIPS THAT ARE LEGALLY DOMICILED IN FOREIGN COUNTRIES LIGHTHO USE'S INTERESTS AND TRANSACTIONS MAY NOT HAVE MET THE FILING THRESHOLDS REQUIRED FOR THE F ILING OF THE FORMS REFERENCED IN PART IV OF SCHEDULE F</p>

Schedule I (Form 990)

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Attach to Form 990.

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (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 Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) ASSISTANCE TO VISUALLY IMPAIRED STUDENTS	7	70,000			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHOLARSHIPS - EACH YEAR, OUR SCHOLARSHIP PROGRAM HELPS OUTSTANDING AND DESERVING LEGALLY BLIND STUDENTS FROM ACROSS THE COUNTRY ATTEND COLLEGE OR GRADUATE SCHOOL WITH SCHOLARSHIPS OF UP TO \$10,000 EACH SCHOLARSHIPS ARE BASED ON STRONG ACADEMIC ACCOMPLISHMENTS AND MERIT, AND PROVIDE ADDITIONAL FINANCIAL SUPPORT TO HELP STUDENTS MAKE A SUCCESSFUL TRANSITION FROM HIGH SCHOOL TO A COLLEGE OR UNIVERSITY OF THEIR CHOICE, OR ATTEND/ REMAIN IN THE GRADUATE SCHOOL OF THEIR CHOICE CANDIDATES ARE NOT REQUIRED TO DEMONSTRATE FINANCIAL NEED AND SCHOLARSHIPS ARE UNRESTRICTED A SCHOLARSHIP COMMITTEE REVIEWS SCHOLARSHIP APPLICATIONS TO SELECT THE RECIPIENTS THE COMMITTEE CONSIDERS SAT AND/OR ACT TEST SCORES, STUDENT TRANSCRIPTS, LETTERS OF RECOMMENDATION, PERSONAL STATEMENTS AND OTHER SUPPORTING DOCUMENTATION TO SELECT THE MOST OUTSTANDING CANDIDATES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

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, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
LIGHTHOUSE INTERNATIONAL

Employer identification number

13-1096620

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III.
- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III.
- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	457(F) DEFERRED COMPENSATION PLAN ALAN R MORSE - \$93,774 MARK G ACKERMANN - \$50,000
PART I, LINE 7	AS PART OF THE COMPENSATION FOR 2014, THE COMPENSATION COMMITTEE GRANTED BONUSES TO THE EXECUTIVE STAFF, BASED ON ITS REVIEW OF THEIR PERFORMANCE, AS DOCUMENTED IN THE MINUTES OF THE COMMITTEE THE AMOUNTS REFLECTED AS BONUSES ON THIS SCHEDULE REPRESENT AN ALLOCATION OF THE BONUS PAID BY A RELATED PARTY

Additional Data

Software ID:
Software Version:
EIN: 13-1096620
Name: LIGHTHOUSE INTERNATIONAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALAN R MORSE, CHIEF EXECUTIVE OFFICER	(i)	31,878	10,500	16,040	4,297	1,434	64,149	14,397
	(ii)	878,910	289,500	442,234	118,477	39,540	1,768,661	396,956
1 MARK G ACKERMANN, PRESIDENT	(i)	75,344	0	13,348	14,475	6,465	109,632	13,145
	(ii)	426,950	0	75,637	82,025	36,636	621,248	74,491
2 CHARLES BLUM, SVP & GENERAL COUNSEL	(i)	52,378	0	151	4,362	5,659	62,550	0
	(ii)	296,808	0	855	24,716	32,065	354,444	0
3 KELLYANNE CAIVANO, SVP FINANCE	(i)	28,013	1,622	319	3,752	2,776	36,482	0
	(ii)	231,123	13,378	2,632	30,961	22,906	301,000	0
4 ELLIOT J HAGLER, CHIEF FINANCIAL OFFICER	(i)	39,771	4,324	242	4,846	5,460	54,643	0
	(ii)	328,139	35,676	1,993	39,981	57,547	463,336	0
5 ROBERT HOAK, SVP DEVELOPMENT	(i)	0	0	0	0	0	0	0
	(ii)	243,291	0	471	25,502	37,624	306,888	0
6 BRUCE MASTALINSKI, CHIEF COMPLIANCE OFFICER	(i)	36,675	0	939	3,104	2,258	42,976	0
	(ii)	302,595	0	7,745	25,611	18,625	354,576	0
7 CATHLEEN WIRTS, SVP STRATEGY, MARKETING & COMMUNICAT	(i)	0	0	0	0	0	0	0
	(ii)	255,061	10,000	1,006	34,388	24,273	324,728	0
8 MAURA SWEENEY, SENIOR VP, PROGRAMS & SERVICES	(i)	63,481	0	94	5,623	2,756	71,954	0
	(ii)	253,925	0	377	22,492	11,026	287,820	0
9 ELSA ESCALERA, CHIEF MEDICAL OFFICER	(i)	6,607	0	10	485	1,127	8,229	0
	(ii)	225,222	0	341	16,541	38,412	280,516	0
10 MELISSA FARBER, VP HUMAN RESOURCES	(i)	17,440	1,010	66	2,509	4,149	25,174	0
	(ii)	155,234	8,990	589	22,332	45,582	232,727	0
11 SARA PITTERMAN, AVP FINANCE	(i)	16,951	108	14	1,077	2,961	21,111	0
	(ii)	139,853	892	116	8,888	29,924	179,673	0
12 BRUCE P ROSENTHAL, CHIEF OF LOW VISION PROGRAMS	(i)	232,139	0	4,624	15,875	27,151	279,789	0
	(ii)	0	0	0	0	0	0	0
13 WILLIAM H SEIPLE, VP RESEARCH	(i)	161,305	0	2,794	10,609	2,500	177,208	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014
Open to Public Inspection

Name of the organization LIGHTHOUSE INTERNATIONAL	Employer identification number 13-1096620
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	
FORM 990, PART VI, SECTION A, LINE 6	EFFECTIVE DECEMBER 23, 2013 LGI PROGRAMS, LLC BECAME THE SOLE MEMBER OF LIGHTHOUSE INTERNA TIONAL SIMULTANEOUSLY, LIGHTHOUSE GUILD INTERNATIONAL, INC , A 501(C)(3) NOT-FOR-PROFIT C ORPORATION, BECAME THE SOLE MEMBER OF LGI PROGRAMS, LLC
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER ELECTS THE BOARD MEMBERS OF LIGHTHOUSE INTERNATIONAL ON AN ANNUAL BASIS
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE ORGANIZATION'S OUTS IDE AUDITORS THE FORM IS THEN REVIEWED IN DETAIL BY A COMMITTEE OF THE BOARD AFTER ITS A P PROVAL, A COPY OF THE FORM IS DISTRIBUTED TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILIN G WITH THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS, DIRECTORS AND EMPL OYEEES OF THE ORGANIZATION A DISCLOSURE QUESTIONNAIRE CONCERNING FINANCIAL INTERESTS AND A NY OTHER POTENTIAL CONFLICTS OF INTEREST AND RELATED ISSUES IS COMPLETED BY EACH DIRECTOR, OFFICER, AND EMPLOYEE ON AN ANNUAL BASIS NOTWITHSTANDING SUBMISSION OF THE APPLICABLE QU ESTIONNAIRE, EACH DIRECTOR, OFFICER OR EMPLOYEE HAS A CONTINUING DUTY TO DISCLOSE ANY POTE NTIAL CONFLICTS OF INTEREST PROMPTLY UPON COMING INTO POSSESSION OF ANY INFORMATION CONCER NING A POTENTIAL CONFLICT OF INTEREST OR ANY CHANGES IN THE INFORMATION REQUESTED IN THE Q UESTIONNAIRE ANY POTENTIAL CONFLICT OF INTEREST SHALL BE DISCLOSED TO THE AUDIT COMMITTEE OF THE BOARD, OR, WHEN THE MATTER IS THEN UNDER CONSIDERATION BY THE BOARD OR THE EXECUTI VE COMMITTEE, TO THE BOARD OR EXECUTIVE COMMITTEE, RESPECTIVELY NEITHER THE AUDIT OR EXEC UTIVE COMMITTEE, NOR THE BOARD SHALL GENERALLY APPROVE ANY TRANSACTION GIVING RISE TO A PO TENTIAL CONFLICT OF INTEREST HOWEVER, IN EXCEPTIONAL CIRCUMSTANCES, THE AUDIT COMMITTEE, THE EXECUTIVE COMMITTEE OR THE BOARD MAY DETERMINE THAT BASED ON A CONSIDERATION OF PRICE, QUALITY, EXPERTISE AND OTHER RELEVANT FACTORS, THERE IS NO TRANSACTION THAT IS AVAILABLE OR FEASIBLE AS AN ALTERNATIVE TO THE PROPOSED TRANSACTION AND SUCH TRANSACTION IS FAIR AND REASONABLE AND IN THE ORGANIZATION'S BEST INTEREST UNDER SUCH CIRCUMSTANCES, THE AUDIT C OMMITTEE, THE EXECUTIVE COMMITTEE, OR BOARD MAY APPROVE SUCH TRANSACTION (SUBJECT, IN THE CASE OF THE AUDIT COMMITTEE, TO THE APPROVAL OF THE EXECUTIVE COMMITTEE OR THE BOARD) SUC H CONSIDERATION AND ACTION SHALL BE CONTEMPORANEOUSLY RECORDED AND SHALL BE REFLECTED IN T HE APPROPRIATE MEETING MINUTES A DIRECTOR, OFFICER, OR EMPLOYEE WITH A POTENTIAL CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE QUORUM FOR, SEEK TO INFLUENCE, PARTIC IPATE IN, OR BE PRESENT DURING ANY DELIBERATIONS OR VOTE OF THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE OR THE BOARD REGARDING THE TRANSACTION OR POTENTIAL TRANSACTION GIVING RISE TO THE POTENTIAL CONFLICT OF INTEREST NEITHER THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE NOR T HE BOARD SHALL APPROVE ANY TRANSACTION GIVING RISE TO A POTENTIAL CONFLICT OF INTEREST BY LESS THAN A MAJORITY VOTE OF COMMITTEE (OR BOARD) MEMBERS PRESENT AT THE MEETING THE DISC LOSURE OF A POTENTIAL CONFLICT OF INTEREST AND THE RESOLUTION OF SUCH POTENTIAL CONFLICT O F INTEREST SHALL BE RECORDED IN THE MINUTES OF THE MEETING OF THE AUDIT COMMITTEE, OR THE EXECUTIVE COMMITTEE OR BOARD AT WHICH THE MATTER WAS PRESENTED OR DISCUSSED
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE, COMPRISED OF LIGHTHOUSE GUILD INTERNATIONAL, INC AND AFFILIAT E BOARD MEMBERS, RETAINED AN INDEPENDENT COMPENSATION CONSULTANT FIRM TO REVIEW THE REASON ABLENESS AND COMPARABILITY TO OTHER ORGANIZATIONS OF THE COMPENSATION IN 2014 OF THE CEO A ND OTHER SENIOR EXECUTIVES OF THE ORGANIZATION THE REVIEW INCLUDED AN ASSESSMENT OF COMPL IANCE WITH APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS, WHICH WAS REVIEWED BY OU TSIDE COUNSEL THE REPORT OF THE CONSULTANTS WAS PRESENTED AT A MEETING OF THE COMPENSATIO N COMMITTEE, AT WHICH THE CONSULTANTS AND OUTSIDE COUNSEL WERE PRESENT THE COMMITTEE REVI EWED THE REPORT AT LENGTH TOGETHER WITH OTHER RELEVANT INFORMATION ABOUT SPECIFIC JOB PERF ORMANCE, AND DETERMINED THE APPROPRIATE COMPENSATION MINUTES OF THE COMMITTEE'S MEETING H AVE BEEN MAINTAINED THE COMMITTEE'S RECOMMENDATIONS WERE PRESENTED FOR RATIFICATION AT TH E FOLLOWING BOARD MEETING AT WHICH THE RECOMMENDATIONS WERE UNANIMOUSLY APPROVED
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 IS AVAILABLE ON LIGHTHOUSE GUILD'S WEBSITE A COPY OF THE FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUES T
FORM 990, PART XI, LINE 9	PENSION ADJUSTMENT -5,274,274 LOSS ON ANNUITY OBLIGATIONS -315,359 GAIN/LOSS ON VALUE OF TRUSTS 1,131,564
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT AND SELECTION OF THE INDEPENDENT ACCO UNTANTS THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR
FORM 990, PART VII, SECTION A	A PORTION OF COMPENSATION PAID BY LGI SERVICES, LLC (EIN# 46-4232802), A DISREGARDED ENTIT Y OF THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, HAS BEEN ALLOCATED TO L IGHTHOUSE INTERNATIONAL AND OTHER AFFILIATES LIGHTHOUSE INTERNATIONAL EMPLOYEES DID NOT R ECEIVE ANY DIRECT COMPENSATION FROM LIGHTHOUSE INTERNATIONAL BUT DID RECEIVE COMPENSATION FROM LGI SERVICES, LLC (EIN# 46-4232802)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**Open to Public
Inspection**

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

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LIGHTHOUSE INTERNATIONAL REAL ESTATE HOLDINGS LLC 111 EAST 59TH STREET NEW YORK, NY 10022	REAL ESTATE	DE	8,879,708	23,766,346	LIGHTHOUSE INTERNATIONAL

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

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

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
SCHEDULE R, PART II	LIGHTHOUSE INTERNATIONAL IS AN AFFILIATE OF LIGHTHOUSE GUILD INTERNATIONAL, INC (LGII) LGII HANDLES THE MANAGEMENT, MARKETING AND FUNDRAISING FOR LIGHTHOUSE INTERNATIONAL AND ALL OTHER AFFILIATES

Additional Data

Software ID:
Software Version:
EIN: 13-1096620
Name: LIGHTHOUSE INTERNATIONAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes No
(1) THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE 15 WEST 65TH STREET NEW YORK, NY 10023 13-1623854	PROVIDE SERVICES & EXPAND ACCESS TO CARE FOR THE BLIND OR VISUALLY IMPAIRED	NY	501 (C) (3)	LINE 9	LIGHTHOUSE GUILD INTERNATIONAL INC	No
(1) JGB HEALTH FACILITIES CORPORATION 15 WEST 65TH STREET NEW YORK, NY 10023 13-2795647	ADULT DAY HEALTH CARE PROGRAMS	NY	501 (C) (3)	LINE 9	THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	No
(2) JGB REHABILITATION CORPORATION 15 WEST 65TH STREET NEW YORK, NY 10023 13-3439035	OUTPATIENT MEDICAL CLINIC	NY	501 (C) (3)	LINE 9	THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	No
(3) JGB EDUCATION SERVICES 15 WEST 65TH STREET NEW YORK, NY 10023 13-3419981	PRIVATE NONRESIDENTIAL SCHOOL	NY	501 (C) (3)	LINE 2	THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	No
(4) GUILDNET INC 15 WEST 65TH STREET NEW YORK, NY 10023 13-3936057	MANAGED LONG TERM CARE HEALTH PLANS	NY	501 (C) (3)	LINE 9	THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	No
(5) GREATER BOSTON GUILD FOR THE BLIND INC 15 WEST 65TH STREET NEW YORK, NY 10023 04-2103893	EDUCATION, TRAINING & SUPPORT TO THE VISUALLY IMPAIRED OR LEGALLY BLIND	MA	501 (C) (3)	LINE 7	THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	No
(6) GREATER BOSTON DIABETES SOCIETY INC 15 WEST 65TH STREET NEW YORK, NY 10023 04-2232419	IN PROCESS OF DISSOLUTION	MA	501 (C) (3)	LINE 9	GREATER BOSTON GUILD FOR THE BLIND INC	No
(7) JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES INC 15 WEST 65TH STREET NEW YORK, NY 10023 20-1480790	PSYCHIATRIC CLINIC AND DAY TREATMENT PROGRAMS FOR BLIND/VISUALLY IMPAIRED	NY	501 (C) (3)	LINE 9	THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	No
(8) NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS INC 15 WEST 65TH STREET NEW YORK, NY 10023 74-2095442	INFORMATION & EDUCATION FOR PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS	MA	501 (C) (3)	LINE 9	THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	No
(9) LIGHTHOUSE GUILD INTERNATIONAL INC 15 WEST 65TH STREET NEW YORK, NY 10023 46-4215298	PROVIDE FULL SPECTRUM OF INTEGRATED VISION & HEALTHCARE SERVICES	NY	501 (C) (3)	LINE 7	N/A	No