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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)

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 ▶ 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 GUILD INTERNATIONAL INC <hr/> Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 15 WEST 65TH STREET <hr/> City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023	D Employer identification number 46-4215298 <hr/> E Telephone number (212) 769-6200 <hr/> G Gross receipts \$ 6,781,396
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 2013 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		41
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		39
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5		121
6	Total number of volunteers (estimate if necessary)	6		858
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0
8	Contributions and grants (Part VIII, line 1h)	8	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	9	0	6,443,128
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	0	-720,127
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	0	5,723,001
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13	0	0
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	0	4,870,710
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,777,970	b		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17	0	5,143,847
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18	0	10,014,557
19	Revenue less expenses Subtract line 18 from line 12	19	0	-4,291,556
20	Total assets (Part X, line 16)	20	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	21	0	655,211
22	Net assets or fund balances Subtract line 21 from line 20	22	0	4,890,470
				-4,235,259

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		Firm's EIN ▶ 13-1517563		
	Firm's address ▶ 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017		Phone no (212) 867-4000		

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

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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		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"/>		No
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"/>		No
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"/>		No
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>		No
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>		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>		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) <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		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		No
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	Yes	
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		No
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 boxes. 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
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.)

		Yes	No
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	
	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

- 17** List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, 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			

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			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	2,205,775	4,354,157	1,125,279

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 ▶9

	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>	3 Yes	
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>	4 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>	5	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

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 ▶0

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	2,573,945				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,869,183				
	g	Noncash contributions included in lines 1a-1f \$ 1g	97,233				
	h	Total. Add lines 1a-1f 1h	6,443,128				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f 2g					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) 3					
	4	Income from investment of tax-exempt bond proceeds 4					
	5	Royalties 5	800			800	
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss) 6d					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss) 7d					
	8a	Gross income from fundraising events (not including \$ 2,573,945 of contributions reported on line 1c) See Part IV, line 18 8a	a	306,929			
			b Less direct expenses 8b	1,058,395			
c Net income or (loss) from fundraising events 8c			-751,466			-751,466	
9a	Gross income from gaming activities See Part IV, line 19 9a	a					
		b Less direct expenses 9b					
		c Net income or (loss) from gaming activities 9c					
10a	Gross sales of inventory, less returns and allowances 10a	a					
		b Less cost of goods sold 10b					
		c Net income or (loss) from sales of inventory 10c					
Miscellaneous Revenue		Business Code					
11a	RENTAL OF MAILING LIST	900099	22,822			22,822	
b	MISCELLANEOUS	900099	7,717			7,717	
c	_____						
d	All other revenue 11d						
e	Total. Add lines 11a-11d 11e		30,539				
12	Total revenue. See Instructions 12		5,723,001	0	0	-720,127	

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				
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	1,672,972		1,366,085	306,887
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	2,403,773	268,084	825,075	1,310,614
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,179	19,722	3,244	51,213
9	Other employee benefits	371,149	62,882	71,241	237,026
10	Payroll taxes	348,637	21,728	212,817	114,092
11	Fees for services (non-employees)				
a	Management				
b	Legal	412,467		408,326	4,141
c	Accounting	20,249		20,249	
d	Lobbying	71,828		71,828	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	974,592	3,425	730,674	240,493
12	Advertising and promotion	964,826		952,096	12,730
13	Office expenses	931,353	13,892	287,267	630,194
14	Information technology	195,069	5,261	134,516	55,292
15	Royalties				
16	Occupancy	1,232,537	211,378	348,529	672,630
17	Travel	114,220	25	103,130	11,065
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,596		6,296	2,300
20	Interest	7,780		7,780	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	87,005	5,385	75,652	5,968
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	RENTAL OF MAILING LISTS	123,325			123,325
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,014,557	611,782	5,624,805	3,777,970
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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing		1 489,211
	2 Savings and temporary cash investments		2
	3 Pledges and grants receivable, net		3 166,000
	4 Accounts receivable, net		4
	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		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	
	b Less accumulated depreciation	10b	10c
	11 Investments—publicly traded securities		11
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
16 Total assets. Add lines 1 through 15 (must equal line 34)	0	16 655,211	
Liabilities	17 Accounts payable and accrued expenses		17
	18 Grants payable		18
	19 Deferred revenue		19
	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		23
	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	0	25 4,890,470
	26 Total liabilities. Add lines 17 through 25	0	26 4,890,470
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		27 -4,401,259
	28 Temporarily restricted net assets		28 166,000
	29 Permanently restricted net assets		29
	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	0	33 -4,235,259
34 Total liabilities and net assets/fund balances	0	34 655,211	

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	5,723,001
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,014,557
3	Revenue less expenses Subtract line 2 from line 1	3	-4,291,556
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
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	56,297
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-4,235,259

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: 46-4215298
Name: LIGHTHOUSE GUILD INTERNATIONAL INC

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

(A) Name and Title	(B) Average hours per week (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 PRESIDENT & CEO	13 50 36 50	X		X				450,647	1,218,415	163,748
(1) MARK G ACKERMANN EXECUTIVE VP & COO	19 90 30 10	X		X				236,511	354,768	139,601
(2) JAMES M DUBIN CHAIRMAN	0 10 1 00	X		X				0	0	0
(3) JOSEPH A RIPP VICE CHAIRMAN	0 10 0 90	X		X				0	0	0
(4) SARAH E SMITH TREASURER	0 10 0 90	X		X				0	0	0
(5) ROBERT B OKUN SECRETARY	0 10 0 90	X		X				0	0	0
(6) LAWRENCE E GOLDSCHMIDT DEPUTY CHAIR	0 10 0 90	X		X				0	0	0
(7) JONATHAN M WAINWRIGHT DEPUTY CHAIR	0 10 0 90	X		X				0	0	0
(8) PAULINE RAIFF EXECUTIVE COMMITTEE CHAIR	0 10 0 90	X		X				0	0	0
(9) KIM GREENFIELD ALFONSO DIRECTOR	0 10 0 10	X						0	0	0
(10) SHELLEY ZACHARIA BRIER DIRECTOR	0 10	X						0	0	0
(11) CHARLES S COHEN DIRECTOR	0 10	X						0	0	0
(12) MARIOS DAMIANIDES DIRECTOR	0 10	X						0	0	0
(13) DONALD J D'AMICO DIRECTOR	0 10	X						0	0	0
(14) HENRY P DAVIDSON II DIRECTOR	0 10	X						0	0	0
(15) JACK M DODICK DIRECTOR	0 10	X						0	0	0
(16) CAROL T FINLEY DIRECTOR	0 10	X						0	0	0
(17) RICK FRIEDBERG DIRECTOR	0 10	X						0	0	0
(18) THOMAS ST GIMBEL DIRECTOR	0 10	X						0	0	0
(19) STEPHANIE GOLDMAN-PITTEL DIRECTOR	0 10	X						0	0	0
(20) DAVID R GREENBAUM DIRECTOR	0 10	X						0	0	0
(21) SHARON HANDLER-LOEB DIRECTOR	0 10	X						0	0	0
(22) KARIN HEHENBERGER DIRECTOR	0 10	X						0	0	0
(23) TRAVIS HOWE DIRECTOR	0 10	X						0	0	0
(24) NEIL S JANOVIC DIRECTOR	0 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RAJIVE JOHRI DIRECTOR	0 10	X						0	0	0
(1) THOMAS GRAHAM KAHN DIRECTOR	0 10	X						0	0	0
(2) FRANCINE LEINHARDT DIRECTOR	0 10	X						0	0	0
(3) DAVID MALKIN DIRECTOR	0 10	X						0	0	0
(4) RICHARD A MARFUGGI DIRECTOR	0 10	X						0	0	0
(5) ANDREW H MARKS DIRECTOR	0 10	X						0	0	0
(6) DOROTHY M PHILIPS DIRECTOR	0 10	X						0	0	0
(7) AMELIA QUIST-OGUNLESI DIRECTOR	0 10	X						0	0	0
(8) JANE RITTMASER DIRECTOR	0 10	X						0	0	0
(9) CAROL V SCHWARTZ DIRECTOR	0 10	X						0	0	0
(10) DENNIS B SPRUNG DIRECTOR	0 10	X						0	0	0
(11) BETH A ROGERS DIRECTOR	0 10	X						0	0	0
(12) SUSAN MENDIK TARKINOW DIRECTOR	0 10	X						0	0	0
(13) ANN D THIVERGE DIRECTOR	0 10	X						0	0	0
(14) RONALD G WEINER DIRECTOR	0 10	X						0	0	0
(15) LAWRENCE A YANNUZZI DIRECTOR	0 10	X						0	0	0
(16) ELLIOT J HAGLER CHIEF FINANCIAL OFFICER	2 80 37 20			X				28,628	381,517	107,834
(17) WANDA FIGUEROA-KILROY EXECUTIVE VP, MANAGED CARE	0 10 39 90			X				0	544,959	78,483
(18) MAURA SWEENEY SENIOR VP, PROGRAMS & SERVICES	8 90 31 10			X				71,523	246,354	41,897
(19) CATHLEEN WIRTS SENIOR VP, STRATEGY, MARKETING & COMMUNICATIONS	18 70 21 30			X				126,382	139,685	58,661
(20) CHARLES BLUM SENIOR VP & GENERAL COUNSEL	7 90 32 10			X				70,040	280,152	66,802
(21) ROBERT HOAK SENIOR VP DEVELOPMENT	39 10 0 90			X				243,762	0	63,126
(22) KELLYANNE CAIVANO ASSISTANT TREASURER	2 80 37 20			X				19,341	257,746	60,395
(23) SARAH SPICEHANDLER ASSISTANT SECRETARY	29 60 5 40			X				70,386	12,420	38,257
(24) BRUCE MASTALINSKI CHIEF COMPLIANCE OFFICER	2 80 37 20			X				24,252	323,702	49,598

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

(A) Name and Title	(B) Average hours per week (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			
(51) IRMA EVANS ASSISTANT SECRETARY	13 90 12 10			X				27,724	41,587	18,332
(1) JOHN VLACHOS CFO - THROUGH 5/2/2014	40 00			X				284,463	0	18,973
(2) MELISSA FARBER VP HUMAN RESOURCES	3 50 31 50					X		18,406	164,923	74,572
(3) BARBARA KLEIN DIRECTOR OF DEVELOPMENT	35 00					X		185,035	0	35,743
(4) SARA PITTMAN AVP FINANCE	2 40 32 60					X		11,024	146,910	42,850
(5) LISA FERFOGLIA VP HUMAN RESOURCES	3 50 31 50					X		15,890	142,380	24,640
(6) ANNEMARIE O'HEARN VP COMMUNITY HEALTH	13 00 22 00					X		57,932	98,639	21,942
(7) PHILIP P ROSENTHAL CHIEF OPERATING OFFICER- FORMER	0 00 0 00						X	263,829	0	19,825

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 GUILD INTERNATIONAL INC

Employer identification number
46-4215298

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.")					6,443,127	6,443,127
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					6,443,127	6,443,127
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						6,443,127

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					6,443,127	6,443,127
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					800	800
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					30,539	30,539
11 Total support. Add lines 7 through 10						6,474,466
12 Gross receipts from related activities, etc (see instructions)					12	

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	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	

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	RENTAL OF MAILING LISTS MISCELLANEOUS

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

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

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

Table with 2 columns: Name of the organization (LIGHTHOUSE GUILD INTERNATIONAL INC) and Employer identification number (46-4215298)

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		71,828
j Total. Add lines 1c through 1i			71,828
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	CONSULTANT FEES

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 GUILD INTERNATIONAL INC

Employer identification number 46-4215298

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

	Amount
1c	
1d	
1e	
1f	

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.

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

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- 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

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

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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

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 X, LINE 2	LIGHTHOUSE GUILD INTERNATIONAL, INC 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 G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization LIGHTHOUSE GUILD INTERNATIONAL INC

Employer identification number 46-4215298

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

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

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

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

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions? (Yes/No), (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>POSH</u> (event type)	<u>LIGHTYEARS GALA</u> (event type)	<u>5</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	1,273,976	845,996	760,902	2,880,874
	2 Less Contributions	1,180,986	759,921	633,038	2,573,945
	3 Gross income (line 1 minus line 2)	92,990	86,075	127,864	306,929
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			4,000	4,000
	7 Food and beverages		85,758	107,510	193,268
	8 Entertainment		37,860	46,664	84,524
	9 Other direct expenses	670,701	73,473	32,429	776,603
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					-751,466

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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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 GUILD INTERNATIONAL INC

Employer identification number

46-4215298

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	Yes	
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, LINES 4A-B	SCHEDULE J, PART I, LINE 4A SEVERANCE FOR PHILIP ROSENTHAL, CHIEF OPERATING OFFICER, WAS ACCRUED AND REPORTED ON THE 2013 990 OF A RELATED ORGANIZATION, SCHEDULE J PART II, COLUMN C, AS DEFERRED COMPENSATION THE SEVERANCE WAS PAID IN 2014 AND REPORTED ON HIS W2 AS WELL AS THE 2014 990 AS COMPENSATION REPORTED AS DEFERRED IN PRIOR FORM 990 SEVERANCE FOR JOHN VLACHOS, CHIEF FINANCIAL OFFICER, WAS PAID IN 2014 AND IS REPORTED ON SCHEDULE J, PART II, COLUMN B(I) SCHEDULE J, 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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2014

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
LIGHTHOUSE GUILD INTERNATIONAL INC

Employer identification number
46-4215298

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	9	97,233	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	COLUMN B IS REPORTING THE NUMBER OF CONTRIBUTORS

Schedule M (Form 990) (2014)

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 GUILD INTERNATIONAL INC

Employer identification number

46-4215298

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE ORGANIZATION'S OUTSIDE AUDITORS. THE FORM IS THEN REVIEWED IN DETAIL BY A COMMITTEE OF THE BOARD. AFTER ITS APPROVAL, A COPY OF THE FORM IS DISTRIBUTED TO THE FULL BOARD FOR REVIEW PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS, DIRECTORS AND EMPLOYEES OF THE ORGANIZATION. A DISCLOSURE QUESTIONNAIRE CONCERNING FINANCIAL INTERESTS AND ANY 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 QUESTIONNAIRE, EACH DIRECTOR, OFFICER OR EMPLOYEE HAS A CONTINUING DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST PROMPTLY UPON COMING INTO POSSESSION OF ANY INFORMATION CONCERNING A POTENTIAL CONFLICT OF INTEREST OR ANY CHANGES IN THE INFORMATION REQUESTED IN THE QUESTIONNAIRE. 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 EXECUTIVE COMMITTEE, TO THE BOARD OR EXECUTIVE COMMITTEE, RESPECTIVELY. NEITHER THE AUDIT OR EXECUTIVE COMMITTEE, NOR THE BOARD SHALL GENERALLY APPROVE ANY TRANSACTION GIVING RISE TO A POTENTIAL 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 COMMITTEE, 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). SUCH CONSIDERATION AND ACTION SHALL BE CONTEMPORANEOUSLY RECORDED AND SHALL BE REFLECTED IN THE 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, PARTICIPATE 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 THE 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 DISCLOSURE OF A POTENTIAL CONFLICT OF INTEREST AND THE RESOLUTION OF SUCH POTENTIAL CONFLICT OF 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.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE, COMPRISED OF LIGHTHOUSE GUILD INTERNATIONAL, INC AND AFFILIATE BOARD MEMBERS, RETAINED AN INDEPENDENT COMPENSATION CONSULTANT FIRM TO REVIEW THE REASONABLENESS AND COMPARABILITY TO OTHER ORGANIZATIONS OF THE COMPENSATION IN 2014 OF THE CEO AND OTHER SENIOR EXECUTIVES OF THE ORGANIZATION THE REVIEW INCLUDED AN ASSESSMENT OF COMPLIANCE WITH APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS, WHICH WAS REVIEWED BY OUTSIDE COUNSEL THE REPORT OF THE CONSULTANTS WAS PRESENTED AT A MEETING OF THE COMPENSATION COMMITTEE, AT WHICH THE CONSULTANTS AND OUTSIDE COUNSEL WERE PRESENT THE COMMITTEE REVIEWED THE REPORT AT LENGTH TOGETHER WITH OTHER RELEVANT INFORMATION ABOUT SPECIFIC JOB PERFORMANCE, AND DETERMINED THE APPROPRIATE COMPENSATION MINUTES OF THE COMMITTEE'S MEETING HAVE BEEN MAINTAINED THE COMMITTEE'S RECOMMENDATIONS WERE PRESENTED FOR RATIFICATION AT THE FOLLOWING BOARD MEETING AT WHICH THE RECOMMENDATIONS WERE UNANIMOUSLY APPROVED

Return Reference	Explanation
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 REQUEST

Return Reference

Explanation

FORM 990, PART XI, LINE 9

PENSION ADJUSTMENT 56,297

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT AND SELECTION OF THE INDEPENDENT ACCOUNTANTS. THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.

Return Reference	Explanation	
FORM 990, PART III		<p>THE MAJORITY OF LIGHTHOUSE GUILD INTERNATIONAL, INC 'S SERVICES ARE PROVIDED WITH AND THRO UGH AFFILIATES EACH OF WHICH FILE THEIR OWN FORM 990 LIGHTHOUSE GUILD INTERNATIONAL, INC HANDLES THE MANAGEMENT, MARKETING AND FUNDRAISING FOR ALL OF THESE AFFILIATE CORPORATIONS INCLUDING THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, LIGHTHOUSE INTERN ATIONAL, GUILDNET, INC , JGB HEALTH FACILITIES CORPORATION, JGB REHABILITATION CORPORATION , JGB EDUCATION SERVICES, JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC , NATIONA L ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS,INC GREATER BOSTON GUILD FOR THE BLIND,INC AND GREATER BOSTON DIABETES SOCIETY GUILDNET, A SUBSIDIARY OF THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, OFFERS HEALTH PLANS THROUGH WHICH OVER 15,300 PEOPLE 18 AND OLDER WITH CHRONIC MEDICAL CONDITIONS IN KINGS, QUEENS, NEW YORK, BRO NX, RICHMOND, NASSAU, SUFFOLK AND WESTCHESTER COUNTIES RECEIVED MANAGED LONG-TERM CARE (ML TC) SERVICES IN 2014 OUR MLTC PLANS PROVIDE SERVICES TO MEDICAID BENEFICIARIES IN NEED OF MORE THAN 120 DAYS OF COMMUNITY-BASED LONG TERM CARE SERVICES INCLUDING MEDICAL, MENTAL H EALTH, SOCIAL SERVICES AND PREVENTATIVE HEALTH SERVICES, ACCESS TO AFFORDABLE CARE, COORDI NATION OF CARE, AND ASSISTANCE WITH TRANSITIONS OF CARE A CARE MANAGEMENT TEAM WORKS WITH EACH PERSON AND THEIR DOCTORS TO DEVELOP A PLAN OF CARE THAT HELPS THEM REMAIN SAFELY IN THEIR HOME GUILDNET GOLD IS OFFERED FOR PEOPLE WHO ARE 18 YEARS OR OLDER WHO HAVE LONG TE RM HEALTH CARE NEEDS AND ARE ENROLLED IN BOTH MEDICAID AND MEDICARE (DUAL-ELIGIBLE) GUILD NET WAS APPROVED BY NEW YORK STATE TO INITIATE GUILDNET GOLD PLUS IN 2015, A FULLY INTEGRA TED DUAL ADVANTAGE (FIDA) HEALTH PLAN THE FIDA PROGRAM INTEGRATES MEDICAID AND MEDICARE B ENEFITS TO PROVIDE ENHANCED CARE COORDINATION AND CARE MANAGEMENT WHILE ALSO EXPANDING SER VICES TO INCLUDE BEHAVIORAL HEALTH AND SUBSTANCE ABUSE THE JEWISH GUILD FOR THE BLIND D/B /A JEWISH GUILD HEALTHCARE AND LIGHTHOUSE INTERNATIONAL'S VISION REHABILITATION SERVICES H ELP PEOPLE OF ALL AGES WHO ARE BLIND OR VISUALLY IMPAIRED GAIN OR REGAIN FUNCTION, MAXIMIZ E THEIR USEABLE VISION AND RECOGNIZE AND DEVELOP THE SKILLS THEY NEED TO REMAIN ENGAGED, S AFE AND INDEPENDENT IN ALL ASPECTS AND STAGES OF THEIR LIVES ACADEMIC AND COMMUNICATIONS SKILLS ADDRESS CLIENTS' EDUCATIONAL OR VOCATIONAL GOALS THROUGH ASSESSMENT OF ACADEMIC POT ENTIAL, 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, TABLET S AND OTHER TECHNOLOGIES AND ALSO PROVIDES CLIENTS WITH INFORMATION AND RESOURCES ON ACCES SIBLE 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 PL ACEMENT, RESUME DEVELOPMENT AND INTERVIEW STRATEGIES - INTERNSHIPS WHICH ALLOW A THREE-MO NTH 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 ACCOMMODA TIONS - EMPLOYER PRESENTATIONS TO FACILITATE FULL INTEGRATION AND ACCOMMODATION OF PEOPLE WITH VISION IMPAIRMENT INTO THEIR WORKFORCES INDEPENDENT LIVING SKILLS TEACH CLIENTS TO FU NCTION SAFELY AND INDEPENDENTLY IN THEIR DAILY LIFE CLIENTS ARE TAUGHT ADAPTIVE SKILLS FO R 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, THE IR HOME ENVIRONMENT AND TO SUGGEST MODIFICATIONS TO IMPROVE SAFETY ORIENTATION AND MOBILI TY 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 SUC H AS SCHOOL OR A JOB VISION REHABILITATION SERVICES WERE PROVIDED TO 1,545 INDIVIDUALS IN 2014 YOUTH AND TEEN PROGRAMS PROVIDE REHABILITATION, EDUCATION AND RECREATION CLASSES AN D ACTIVITIES TO INDIVIDUALS AGES 6-21 TO ENHANCE THEIR TRADITIONAL EDUCATION - SATURDAY Y OUTH SKILLS PROGRAM PROVIDES SOCIAL AND RECREATIONAL SERVICES TO LEGALLY BLIND CHILDREN AG ES 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 HIG H SCHOOL TO WORK - YOUTH EMPLOYMENT PROGRAM ALLOWS VISUALLY IMPAIRED STUDENTS TO WORK WIT H OUR CAREER SERVICES STAFF TO HELP THEM SECURE PAYING JOBS IN THE COMMUNITY LIGHTHOUSE I NTERNATIONAL'S ETHEL AND SAMUEL J LEFRAK SCHOOL S</p>

Return Reference	Explanation	
FORM 990, PART III		<p>ERVES 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 THE FILOMENA M. D'AGOSTINO GREENBERG MUSIC SCHOOL OF LIGHTHOUSE INTERNATIONAL 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 160 INDIVIDUALS IN 2014 THE OPTICAL DISPENSARY FILLS EYEGLASS PRESCRIPTIONS AND OFFERS A WIDE ARRAY OF CONVENTIONAL EYEWEAR AND LOW VISION DEVICES 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, 23 SCHOLARSHIPS WERE AWARDED TO STUDENTS THROUGHOUT THE UNITED STATES</p>

Return Reference	Explanation	
FORM 990, PART III CONTINUED		<p>AWARDS WE RECOGNIZE AND REWARD EXCELLENCE IN VISION CARE AND RESEARCH THROUGH THREE ANNUAL SCIENTIFIC AWARDS THESE AWARDS HAVE LONG SUPPORTED BREAKTHROUGHS IN VISION LOSS AND VISION CARE. BRESSLER PRIZE IN VISION SCIENCE WAS ESTABLISHED IN 2001 AND RECOGNIZES AN ESTABLISHED MID-CAREER VISION CLINICIAN OR SCIENTIST WHOSE LEADERSHIP, RESEARCH, AND SERVICE HAVE LED TO IMPORTANT ADVANCEMENTS IN THE UNDERSTANDING OF VISION LOSS, TREATMENT OF EYE DISEASE OR THE REHABILITATION OF PEOPLE WITH VISION LOSS. NOMINEES ARE SOUGHT WHO ARE CLINICALLY AND/OR SCIENTIFICALLY ACCOMPLISHED, YET UNDER RECOGNIZED IN HIS/HER RESPECTIVE FIELD. THE AWARD CEREMONY IS HELD IN CONJUNCTION WITH A SCIENTIFIC SYMPOSIUM, AND THE PRIZE INCLUDES AN UNRESTRICTED CASH AWARD. 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. OBERDORFER AWARD IN LOW VISION RESEARCH WAS CREATED IN COLLABORATION WITH THE ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY (ARVO) FOUNDATION FOR EYE RESEARCH, WITH SUPPORT FROM LIGHTHOUSE GUILD. IT WAS FIRST PRESENTED IN 2012. THIS AWARD RECOGNIZES AN INDIVIDUAL FOR HIS/HER ROLE IN FURTHERING LOW VISION RESEARCH AND REHABILITATION AND INCLUDES A SYMPOSIUM AT THE ANNUAL MEETING OF ARVO, THE LARGEST SUCH MEETING OF ITS KIND IN THE WORLD.</p> <p>JGB EDUCATION SERVICES' HARRIET AND ROBERT HEILBRUNN SCHOOL IS A UNIQUE PROGRAM THAT HELPS STUDENTS AGES 5-21 WHO ARE BLIND OR VISUALLY IMPAIRED AND HAVE OTHER DISABILITIES ACHIEVE AN ENRICHED QUALITY OF LIFE WHICH WILL ENABLE THEM TO MORE FULLY PARTICIPATE AS CONTRIBUTING MEMBERS OF THEIR FAMILIES AND COMMUNITIES. IN ADDITION TO A GENERAL EDUCATION CURRICULUM, THE PROGRAM INCLUDES FUNCTIONAL LIFE SKILLS, PRE-ACADEMIC SKILLS, SOCIAL SKILLS, AUGMENTATIVE COMMUNICATION, PRE-BRAILLE AND BRAILLE INSTRUCTION, ORIENTATION AND MOBILITY TRAINING AND ADAPTIVE TECHNOLOGY TRAINING. VOCATIONAL TRAINING IS PROVIDED FOR THOSE STUDENTS WHO MAY BE CANDIDATES FOR SUPPORTIVE EMPLOYMENT. THERAPISTS WORK WITH CLASSROOM TEACHERS TO FURTHER SUPPORT THE STUDENTS IN THEIR CLASSROOM ACTIVITIES AND IN THEIR EFFORTS TO BECOME MORE INDEPENDENT. THE PROGRAM PROVIDES OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY, ADAPTIVE PHYSICAL EDUCATION, SOCIAL WORK/COUNSELING AND ORIENTATION AND MOBILITY. IN ADDITION TO VISION IMPAIRMENT, STUDENTS HAVE A VARIETY OF OTHER DISABILITIES INCLUDING DEAFNESS, PHYSICAL DISABILITIES, LANGUAGE DELAYS AND COMMUNICATION DISORDERS, COGNITIVE DELAYS AND NEUROLOGICAL DISORDERS. THERE WERE 60 STUDENTS IN 2014.</p> <p>JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC. - STARTED IN 1961, BEHAVIORAL HEALTH SERVICES NOW INCLUDE FOUR PROGRAMS SPECIFICALLY DESIGNED FOR PEOPLE WITH VISION LOSS AND OTHER DISABILITIES WHO WOULD BENEFIT FROM BEHAVIORAL HEALTH TREATMENT PROGRAMS. OUR PROGRAMS ARE:</p> <ol style="list-style-type: none"> 1. MANHATTAN PSYCHIATRIC CLINIC AND BROOKLYN SATELLITE CLINIC 2. CONTINUING DAY TREATMENT PROGRAM 3. DEVELOPMENTAL DISABILITIES DAY TREATMENT PROGRAM 4. MENTAL HEALTH LIAISON PROGRAM <p>EACH OF OUR BEHAVIORAL HEALTH PROGRAMS ARE DESIGNATED BY NEW YORK STATE AS VITAL ACCESS/SAFETY NET PROVIDERS DUE TO THE NUMBER OF MEDICAID PATIENTS WE SERVE WITH EXTREMELY HIGH NEEDS.</p> <ol style="list-style-type: none"> 1. WE OPERATE THE ONLY PSYCHIATRIC CLINICS IN THE COUNTRY OF FERRING TREATMENT AND MANAGEMENT OF BEHAVIORAL DISORDERS TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, AT RISK FOR VISION LOSS, PHYSICALLY DISABLED, OR HAVE TRAUMATIC BRAIN INJURY. OUR CLINICS SPECIALIZE IN THE TREATMENT OF DEPRESSION AND MANAGEMENT/COPING WITH CHRONIC DISEASE. PROGRAMS ARE SPECIFICALLY DESIGNED AND ADAPTED FOR PEOPLE WITH DEPRESSION, ANXIETY, AND FEAR ASSOCIATED WITH SENSORY AND FUNCTIONAL LOSS. OUR PSYCHIATRIC SERVICES INCLUDE INDIVIDUAL, COUPLE AND FAMILY PSYCHOTHERAPY, PSYCHIATRIC EVALUATION, PSYCHOPHARMACOLOGY AND MEDICATION MANAGEMENT, GROUP PSYCHOTHERAPY, PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING, MEDICAL COORDINATION AND WELLNESS, AND CRISIS INTERVENTION 24/7. THE CLINICS SERVE CHILDREN AND ADULTS WHO ARE VISUALLY IMPAIRED, PHYSICALLY DISABLED, SERIOUSLY AND PERSISTENTLY MENTALLY ILL, DEVELOPMENTALLY DISABLED AND TRAUMATIC BRAIN INJURED. IN 2014, 727 PATIENTS WERE SERVED. 2. CONTINUING DAY TREATMENT PROGRAM (CDTP) PROVIDES PSYCHOTHERAPEUTIC INTERVENTIONS TO HELP PEOPLE WITH SERIOUS AND PERSISTENT MENTAL ILLNESS, PHYSICAL DISABILITIES INCLUDING VISION IMPAIRMENT, BLINDNESS, OR WHO ARE AT RISK FOR VISION LOSS, AND THOSE WITH CHRONIC MEDICAL ILLNESSES REMAIN IN THEIR COMMUNITIES. ONE-THIRD OF OUR CDTP PATIENTS HAVE DIABETES. OTHER COMMON CHRONIC CONDITIONS THEY HAVE INCLUDE ASTHMA, HIV, OBESITY, SUBSTANCE AND TOBACCO USE. WE OFFER SERVICES THAT ADDRESS PREVENTING PSYCHIATRIC AND MEDICAL HOSPITALIZATIONS AND HELPING PATIENTS OVERCOME COEXISTING

Return Reference	Explanation	
FORM 990, PART III CONTINUED		<p>G DISABILITIES THROUGH SKILL ACQUISITIONS THE CDTP SERVES INDIVIDUALS WITH ACUTE AND HIGH INTENSITY BEHAVIORAL NEEDS THERAPEUTIC GROUPS AND CASE MANAGEMENT SERVICES SUPPORT THEIR DAILY FUNCTIONING AND HELP THEM REMAIN SAFELY IN THEIR COMMUNITY THROUGH EDUCATION AND SKILL DEVELOPMENT IN SYMPTOM MANAGEMENT, ENGAGEMENT IN OBTAINING PHYSICAL HEALTH NEEDS AND SERVICES, MAINTAINING ENTITLEMENTS AND BENEFITS, AND COORDINATION OF COMMUNITY INTEGRATION AND HOUSING NEEDS IN 2014, 71 PATIENTS WERE SERVED 3 DEVELOPMENTAL DISABILITIES DAY TREATMENT PROGRAM (DTP) MEETS THE REGULATORY REQUIREMENTS AND THE NEEDS OF PEOPLE WHO ARE DEVELOPMENTALLY DISABLED WHO ARE ALSO BLIND OR VISUALLY IMPAIRED, DEAF OR PHYSICALLY DISABLED THIS IS THE ONLY PROGRAM IN NEW YORK CITY THAT PROVIDES THESE SERVICES TO THIS MULTI-DISABLED POPULATION OUR CLIENTS ALSO HAVE BOTH SENSORY AND COMMUNICATION CHALLENGES SERVICES ARE DESIGNED TO HELP THEM IMPROVE AND MAINTAIN SKILLS AND TO PROVIDE ONGOING COGNITIVE STIMULATION TO SUPPORT THEIR ABILITY TO LIVE SAFELY IN THEIR RESIDENCES, OR IN SOME CASES, AT HOME WITH THEIR FAMILIES MANY CLIENTS HAVE LONG HISTORIES WITH US, INCLUDING ONCE BEING STUDENTS IN OUR SCHOOLS THE DTP OFFERS INDEPENDENT LIVING SKILLS TRAINING, MEDICAL OVERSIGHT, NURSING, NUTRITION, PHYSICAL THERAPY, PSYCHOLOGY, PSYCHIATRY, SOCIAL WORK, RECREATION AND TRANSPORTATION THE PROGRAM SERVES PEOPLE WHO HAVE DEVELOPMENTAL DISORDERS WHO RANGE IN THE IQ LEVELS OF MILD (55-70), MODERATE (35-55), SEVERE (20-40), AND PROFOUND (BELOW 25), MENTAL HEALTH DIAGNOSES, VISION IMPAIRMENTS, DEAFNESS AND PHYSICAL DISABILITIES TREATMENT AND INTERVENTIONS ARE DESIGNED TO ENABLE CLIENTS IN THE MILD DEVELOPMENTAL DISORDER IQ LEVEL TO CONTINUE TO LIVE IN THE COMMUNITY AND THOSE IN THE MODERATE TO PROFOUND IQ LEVELS TO LIVE IN SUPPORTED APARTMENTS AND RESIDENCES IN 2014, 102 PATIENTS WERE SERVED 4 OUR MENTAL HEALTH LIAISON PROGRAM PROVIDES SUPPORT TO GUILDNET, INC BY SCREENING PENDING AND ENROLLED MEMBERS FOR BEHAVIORAL HEALTH RISK FACTORS THAT CAN IMPACT THE SAFE MANAGEMENT OF GUILDNET MEMBERS IN THE HOME THE PROGRAM TEAM IDENTIFIES GUILDNET MEMBERS WITH MENTAL HEALTH NEEDS AND REFERS THEM TO BEHAVIORAL HEALTH AND OTHER SERVICES, FACILITATES THE COORDINATION OF CARE BETWEEN GUILDNET AND COMMUNITY MENTAL HEALTH PROVIDERS, PROVIDES CRISIS INTERVENTION SUPPORT AND CONSULTATION TO GUILDNET TEAMS, INITIATES REFERRALS TO A NETWORK OF PSYCHIATRIC MOBILE CRISIS TEAMS AND REVIEWS DISCHARGE PLANS WITH INPATIENT PSYCHIATRIC STAFF, AND IS COMPRISED OF LICENSED MASTER DEGREE SOCIAL WORKERS THAT PROVIDE TELEPHONIC ASSESSMENTS IN 2014, 2,245 ASSESSMENTS WERE COMPLETED INCLUDING 961 BASELINE MENTAL HEALTH ASSESSMENTS AT TIME OF INTAKE AND 1,284 ASSESSMENTS OF ENROLLED MEMBERS</p>

Return Reference	Explanation	
FORM 990, PART III CONTINUED		<p>JGB HEALTH FACILITIES CORPORATION OPENED ITS FIRST GUILDCARE SITE IN YONKERS IN 1984. TODAY WE ALSO HAVE PROGRAMS IN MANHATTAN, ALBANY, BUFFALO AND NIAGARA FALLS. GUILDCARE IS A MEDICAL ADULT DAY HEALTH CARE PROGRAM THAT ALLOWS PEOPLE WITH CHRONIC HEALTH CONDITIONS AND FUNCTIONAL IMPAIRMENT TO DELAY THE NEED FOR INSTITUTIONALIZATION WHILE ALSO RECEIVING SOME MEDICAL SERVICES AND HEALTH MONITORING. WHILE AT THE PROGRAM, REGISTRANTS RECEIVE COMPREHENSIVE HEALTHCARE (NURSING CARE, MEDICATION ASSISTANCE, THERAPIES AND PERSON CARE) PLUS A DAY FULL OF ACTIVITIES DESIGNED TO MAXIMIZE THEIR FUNCTION AND INDEPENDENCE. MOST OF OUR REGISTRANTS ATTEND THEIR PROGRAM 2-3 DAYS PER WEEK. GUILDCARE ADULT DAY HEALTH CARE PROGRAMS OFFER NURSING, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY, THERAPEUTIC ACTIVITIES, VISION REHABILITATION, SOCIAL WORK, NUTRITION COUNSELING, MEALS AND DOOR-TO-DOOR TRANSPORTATION. NEARLY HALF OF OUR GUILDCARE REGISTRANTS HAVE A DIAGNOSIS OF DIABETES, SO WE ALSO PROVIDE HEALTH EDUCATION FOCUSED ON MEDICATION AND DIETARY COMPLIANCE IN AN EFFORT TO PREVENT DIABETIC COMPLICATIONS INCLUDING VISION LOSS. GUILDCARE PROGRAMS SERVED APPROXIMATELY 700 INDIVIDUALS IN 2014.</p> <p>JGB REHABILITATION CORPORATION - IN ADDITION TO VISION EVALUATION AND LOW VISION THERAPY, WE PROVIDE COMPREHENSIVE MEDICAL SERVICES AS A FULL SERVICE CLINIC, OFFERING PRIMARY CARE AND SELECTED SPECIALTY MEDICAL SERVICES GEARED TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED AND TO PEOPLE WITH DIABETES. THE CLINIC GREW OUT OF THE IDENTIFIED LACK OF COMPREHENSIVE MEDICAL MANAGEMENT FOR PATIENTS WITH VISION IMPAIRMENT AND DISABILITIES - AN UNDERSERVED POPULATION PROVIDED UNDER ONE ARTICLE 28 DIAGNOSTIC AND TREATMENT CENTER OPERATING LICENSE, OUR MEDICAL SERVICES INCLUDE CARDIOLOGY, DIABETES CARE AND ENDOCRINOLOGY, NEPHROLOGY, NEUROLOGY, OCCUPATIONAL THERAPY, OPTOMETRY, PHYSIATRY, PHYSICAL THERAPY, PODIATRY AND PRIMARY CARE. OUR CLINIC SERVES CHILDREN AND ADULTS WHO ARE VISUALLY IMPAIRED, PHYSICALLY DISABLED, MENTALLY DISABLED, MULTIPLY DISABLED, AT RISK FOR VISION LOSS, INCLUDING FROM DIABETES, AND MEDICALLY UNDERSERVED. INCLUDED IS THE MAXINE AND JOHN M. BENDHEIM CENTER FOR DIABETES CARE WHICH PROVIDES COMPREHENSIVE DIABETES CARE TO PEOPLE WHO HAVE OR WHO MAY BE AT SIGNIFICANT RISK FOR VISION LOSS AS A CONSEQUENCE OF DIABETES. THE AMERICAN DIABETES ASSOCIATION RECOGNIZED DIABETES SELF-MANAGEMENT EDUCATION PROGRAM HELPS PEOPLE WITH DIABETES AND VISION LOSS MANAGE THEIR DISEASE, STAY HEALTHY, AND PRESERVE REMAINING VISION. THE FUTURE OF HEALTHCARE PLACES MAJOR EMPHASIS ON TWO KEY AREAS: PRIMARY CARE AND THE ROLE OF THE PRIMARY CARE PHYSICIAN AND MANAGEMENT OF CHRONIC DISEASES. WE ARE WELL POSITIONED TO ENHANCE THE HEALTHCARE EXPERIENCE FOR OUR PATIENTS BY FULLY INTEGRATING OUR PRIMARY CARE PHYSICIANS, MULTI-DISCIPLINARY DIABETES MANAGEMENT TEAM AND LOW VISION REHABILITATION SPECIALISTS IN THE CLINIC AS WE FOCUS ON EFFECTIVE INTEGRATION OF ALL SERVICES. THE CLINIC PROVIDED SERVICES TO APPROXIMATELY 4,100 INDIVIDUALS IN 14,500 VISITS IN 2014.</p> <p>NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS, INC (NAPVI), IS A CRITICAL RESOURCE FOR FAMILIES NATIONWIDE, PROVIDING EDUCATION, TRAINING AND SUPPORT THROUGH WORKSHOPS, CONFERENCES, AND PUBLICATIONS FOR PARENTS OF CHILDREN WHO ARE BLIND OR VISUALLY IMPAIRED. WE HOST OUTREACH PROGRAMS AND NETWORKING OPPORTUNITIES, AND ADVOCATE FOR THE EDUCATIONAL NEEDS AND WELFARE OF CHILDREN WITH VISUAL IMPAIRMENTS. WE INTRODUCE PARENTS TO THE FULL COMPLEMENT OF SERVICES CURRENTLY AVAILABLE TO CHILDREN WHO ARE BLIND OR VISUALLY IMPAIRED AND THEY ARE GIVEN THE OPPORTUNITY TO INTERACT WITH PEOPLE FACING SIMILAR CHALLENGES. NAPVI ALSO CO-MANAGES FAMILYCONNECT, AN ONLINE COMMUNITY FOR PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS. NAPVI'S REACH EXTENDS INTO DIVERSE COMMUNITIES WHERE LOWER ECONOMIC STATUS, LANGUAGE AND CULTURAL BARRIERS, AND LACK OF RESOURCES AND SERVICES AVAILABLE IN THE COMMUNITY STAND IN THE WAY OF ACCESSING INFORMATION ABOUT THE UNIQUE NEEDS OF BLIND AND VISUALLY IMPAIRED CHILDREN AND HOW TO OBTAIN THE SERVICES THEY NEED. IN ADDITION, NAPVI SERVES AS A RESOURCE TO VISION PROFESSIONALS, TEACHERS, AND HEALTHCARE AND COMMUNITY ORGANIZATIONS THAT PROVIDE SERVICES AND RESOURCES TO THE VISUALLY IMPAIRED COMMUNITY. IN 2014, NAPVI REACHED PARENTS AND FAMILIES THROUGH A VARIETY OF EFFORTS INCLUDING - AWARENESS NEWSLETTER 5,000 DISTRIBUTIONS - CONFERENCES AND WORKSHOPS 890 PARTICIPANTS - INFORMATION AND REFERRAL 650 CONSTITUENTS - FAMILYCONNECT WEBSITE 268,000 UNIQUE VISITORS. THE JEWISH GUILD FOR THE BLIND/D/B/A JEWISH GUILD HEALTHCARE'S NATIONAL TELE-SUPPORT NETWORK FOR PARENTS OF CHILDREN WITH VISUAL IMPAIRMENT CONNECTS PARENTS OF CHILDREN WHO ARE BLIND OR VISUALLY IMPAIRED, LIVING IN DIFFERENT PARTS OF THE UNITED STATES OR IN OTHER COUNTRIES, WITH OTHER PARENTS WHOSE CHILDREN HAVE SIMILAR DISORDERS. A NUMBER OF DIFFERENT SUPPORT GROUPS ARE GEARED TO A SPECIFIC CHILDHOOD EYE CONDITION, INCLUDING</p>

Return Reference	Explanation	
FORM 990, PART III CONTINUED		<p>ALBINISM, RETINOPATHY OF PREMATURITY, CORTICAL VISUAL IMPAIRMENT, LEBER CONGENITAL AMAURO SIS, HERMANSKY PUDLAK SYNDROME, AUTISM SPECTRUM DISORDERS AND VISUAL IMPAIRMENT, CHARGE SY NDROME AND CHEDIAK-HIGASHI SYNDROME. PSYCHOLOGISTS OR SOCIAL WORKERS FACILITATE EACH GROUP AND PEDIATRIC OPHTHALMOLOGISTS, AND LOW VISION AND REHABILITATION SPECIALISTS FREQUENTLY JOIN AS GUEST SPEAKERS TO SHARE THEIR EXPERTISE AND RESPOND TO PARENTS' QUESTIONS. PARTICIPATION IN OUR TELEPHONE SUPPORT GROUPS, COUPLED WITH A RESOURCE LINE ACCESSIBLE FROM ANYWHERE IN THE COUNTRY THROUGH A TOLL-FREE NUMBER, PROVIDES PARENTS EMOTIONAL SUPPORT AND INFORMATION AND RESOURCES WHICH ENABLE THEM TO HELP THEIR CHILD ACHIEVE THEIR MAXIMUM POTENTIAL. IN ADDITION, A TELE-SUPPORT GROUP FOR HIGH SCHOOL SENIORS WHO ARE BLIND OR VISUALLY IMPAIRED AND PLANNING TO ATTEND COLLEGE PROVIDES AN OPPORTUNITY FOR STUDENTS TO SHARE EXPERIENCES AND ASK QUESTIONS OF CURRENT COLLEGE STUDENTS AND RECENT GRADUATES WHO ARE ALSO BLIND OR VISUALLY IMPAIRED. IN 2014 THERE WERE OVER 300 PARENTS ENROLLED FROM 44 STATES, PUERTO RICO, CANADA AND SOUTH AMERICA, CALLING IN ON A WEEKLY BASIS. SINCE THE PROGRAM BEGAN, HUNDREDS HAVE CALLED THE PROGRAM HOT LINE FOR ANSWERS TO URGENT QUESTIONS AS WELL AS FOR ON-GOING SUPPORT. GREATER BOSTON GUILD FOR THE BLIND (GBGB) OFFERS PREVENTION AND HEALTH PROMOTION PROGRAMS TO PEOPLE OF ALL AGES IN THE GREATER BOSTON COMMUNITY. ALL PROGRAMS ARE CONDUCTED BY QUALIFIED PROFESSIONALS AND ARE OFFERED FREE OF CHARGE TO PARTICIPANTS. VISION LOSS AWARENESS INFORMATION AND EDUCATION IS OFFERED FOR CONSUMERS AND CAREGIVERS TO RAISE AWARENESS ABOUT LOW VISION REHABILITATION TECHNIQUES, DEVICES AND SERVICES, AND TO PROVIDE INFORMATION ABOUT ACCESSING NEEDED LOW VISION CARE IN THE COMMUNITY. EDUCATION IS FOCUSED ON HELPING PEOPLE WITH VISION LOSS AND THEIR CAREGIVERS LEARN ABOUT WHAT THEY CAN DO TO PRESERVE REMAINING VISION, AND STAY SAFE AND INDEPENDENT IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE.</p>

Return Reference	Explanation
FORM 990, PART VII, SECTION A	A PORTION OF COMPENSATION PAID BY LGI SERVICES, LLC (EIN# 46-4232802), A DISREGARDED ENTITY OF THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, HAS BEEN ALLOCATED TO LIGHTHOUSE GUILD INTERNATIONAL, INC AND OTHER AFFILIATES. LIGHTHOUSE GUILD INTERNATIONAL, INC EMPLOYEES DID NOT RECEIVE ANY DIRECT COMPENSATION FROM LIGHTHOUSE GUILD INTERNATIONAL, INC 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 GUILD INTERNATIONAL INC

Employer identification number

46-4215298

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) LGI PROGRAMS LLC 15 WEST 65TH STREET NEW YORK, NY 10023 46-4269952	PROVIDE SERVICES & EXPAND ACCESS TO CARE FOR THE BLIND OR VISUALLY IMPAIRED	NY	0	0	LIGHTHOUSE GUILD INTERNATIONAL INC

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		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
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
(1) THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	N	3,050,824	CASH
(2) LIGHTHOUSE INTERNATIONAL	N	637,778	CASH
(3) THE JEWISH GUILD FOR THE BLIND DBA JEWISH GUILD HEALTHCARE	O	5,537,802	CASH
(4) LIGHTHOUSE INTERNATIONAL	O	981,375	CASH

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**

Additional Data

Software ID:
Software Version:
EIN: 46-4215298
Name: LIGHTHOUSE GUILD INTERNATIONAL INC

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	Yes
(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	DISSOLVED JULY 27, 2015	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 INTERNATIONAL 15 WEST 65TH STREET NEW YORK, NY 10023 13-1096620	FIGHTING VISION LOSS THROUGH PREVENTION, TREATMENT & EMPOWERMENT	NY	501 (C) (3)	LINE 7	LIGHTHOUSE GUILD INTERNATIONAL INC	Yes