

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

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.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **250 WEST 64TH ST**
 City or town, state or province, country, and ZIP or foreign postal code: **NEW YORK, NY 10023**

D Employer identification number: **46-4215298**

E Telephone number: **(212) 769-6331**

F Name and address of principal officer: **HIMANSHU R. SHAH**
250 WEST 64TH ST, NEW YORK, NY 10023

G Gross receipts \$: **288,108,908.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: ▶ **WWW.LIGHTHOUSEGUILD.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2013** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE EXCEPTIONAL SERVICES THAT INSPIRE PEOPLE WHO ARE VISUALLY IMPAIRED TO ATTAIN THEIR GOALS.
	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 18.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 111.
	6 Total number of volunteers (estimate if necessary) 6 188.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 750,052.
7b Net unrelated business taxable income from Form 990-T, line 39 7b _____	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 2,045,776. Prior Year 2,410,162. Current Year
	9 Program service revenue (Part VIII, line 2g) 9 0. 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 13,605,500. 29,410,630.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 -228,502. -130,641.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 15,422,774. 31,690,151.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 3,443. 4,561.
Expenses	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 3,803,988. 13,140,013.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 124,500. 31,500.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,149,909.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 11,576,825. 17,738,912.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 15,508,756. 30,914,986.
19 Revenue less expenses. Subtract line 18 from line 12 19 -85,982. 775,165.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 592,703,699. Beginning of Current Year 530,568,681. End of Year
	21 Total liabilities (Part X, line 26) 21 710,672,199. 639,628,771.
	22 Net assets or fund balances. Subtract line 21 from line 20. 22 -117,968,500. -109,060,090.

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: **HIMANSHU R. SHAH** Date: _____
 Type or print name and title: **CFO**

Paid Preparer Use Only

Print/Type preparer's name: **KRISTIN RUFFINI** Preparer's signature: *Kristin Ruffini* Date: **11/13/2020** Check if self-employed PTIN: **P00741491**
 Firm's name: **BDO USA, LLP** Firm's EIN: **13-5381590**
 Firm's address: **401 BROADHOLLOW RD, STE 201 MELVILLE, NY 11747** Phone no.: **631-501-9600**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE EXCEPTIONAL SERVICES THAT INSPIRE PEOPLE WHO ARE VISUALLY IMPAIRED TO ATTAIN THEIR GOALS.

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

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

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

4a (Code:) (Expenses \$ 351,046. including grants of \$ 4,561.) (Revenue \$ 8,868.) LIGHTHOUSE GUILD INTERNATIONAL, INC. IS COMMITTED TO PREVENTING AND ADDRESSING VISION LOSS SO THAT INDIVIDUALS WITH OR AT RISK FOR VISION LOSS CAN LIVE FULLY AND INDEPENDENTLY. SEE SCHEDULE O FOR MORE INFORMATION.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 351,046.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
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>		X
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>	X	
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>		X
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>		X
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>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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>	X	
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>	X	
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>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
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>	X	
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>		X
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>		X
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).	X	
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>	X	
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN R. MORSE PRESIDENT & CEO	44.50 5.50	X		X				1,229,577.	151,968.	42,675.
(2) HIMANSHU R. SHAH CHIEF FINANCIAL OFFICER	32.43 7.57			X				306,625.	71,584.	51,336.
(3) CHARLES F. BLUM- THRU 12/31/19 GENERAL COUNSEL	24.00 16.00			X				220,564.	147,042.	58,464.
(4) MAURA SWEENEY SR. VP PROGRAMS AND SERV.	18.00 22.00			X				155,845.	190,476.	28,092.
(5) ROBERT DULAK CHIEF INFORMATION OFFICER	23.39 11.61					X		169,660.	84,264.	61,375.
(6) CATHLEEN A. WIRTS CHIEF STRATEGY OFFICER	32.22 7.78			X				219,833.	53,063.	31,084.
(7) JOEL G. LEVI CHIEF COMPLIANCE OFFICER	28.79 6.21			X				198,999.	42,926.	38,245.
(8) MELISSA ROSENBAUM VICE-PRESIDENT-HUMAN RESO	26.06 8.94					X		144,798.	49,657.	39,818.
(9) MD M. RAHMAN DIR IT NETWORK INFRA & OPS	35.00 0.					X		164,878.	0.	49,016.
(10) WILLIAM H. SEIPLE CHIEF RESEARCH OFFICER	3.50 31.50					X		18,966.	170,699.	11,144.
(11) ANNEMARIE O'HEARN VP, EDUCATION & TRAINING	28.19 6.81					X		144,407.	34,857.	17,600.
(12) SARAH A. SPICEHANDLER EXECUTIVE ASST. TO CEO	32.38 2.63			X				85,097.	6,899.	30,793.
(13) ESMERALDA S. BALLATE ADMINISTRATIVE SECRETARY	22.00 18.00			X				37,665.	30,818.	48,962.
(14) KAREN A. WISH - THRU 02/04/19 CHIEF MARKETING & DEV OFF	28.19 6.81			X				61,689.	14,889.	9,159.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JAMES M. DUBIN CHAIRMAN	4.10 .90	X		X				0.	0.	0.
16) JOSEPH A. RIPP VICE CHAIRMAN	.10 .80	X		X				0.	0.	0.
17) LAWRENCE E. GOLDSCHMIDT DEPUTY CHAIR & TREASURER	4.20 .80	X		X				0.	0.	0.
18) MARIOS DAMIANIDES ASSISTANT TREASURER	1.20 .80	X		X				0.	0.	0.
19) PAULINE RAIFF IMMEDIATE PAST CHAIR	.10 .80	X		X				0.	0.	0.
20) ANDREW H. MARKS DIRECTOR	1.00 0.	X						0.	0.	0.
21) ANN D. THIVIERGE DIRECTOR	1.00 0.	X						0.	0.	0.
22) DAVID R. GREENBAUM DIRECTOR	.10 0.	X						0.	0.	0.
23) DONALD J. D'AMICO DIRECTOR	.10 0.	X						0.	0.	0.
24) DOROTHY M. PHILIPS DIRECTOR	.10 0.	X						0.	0.	0.
25) ERIC MAIDENBERG DIRECTOR	.10 0.	X						0.	0.	0.
1b Sub-total								3,158,603.	1,049,142.	517,763.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,158,603.	1,049,142.	517,763.

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 **32**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RACHEL Z. BRIER ----- DIRECTOR	.10 ----- 0.	X						0.	0.	0.
(27) RICHARD MARFUGGI ----- DIRECTOR	.10 ----- 0.	X						0.	0.	0.
(28) SUSAN MENDIK ----- DIRECTOR	.10 ----- 0.	X						0.	0.	0.
(29) THOMAS G. KAHN ----- DIRECTOR	.10 ----- .80	X						0.	0.	0.
(30) THOMAS S. T. GIMBEL ----- DIRECTOR	.10 ----- .80	X						0.	0.	0.
(31) TRAVIS S. HOWE ----- DIRECTOR	.10 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 32

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a							
	b Membership dues	1b							
	c Fundraising events	1c	305,504.						
	d Related organizations	1d							
	e Government grants (contributions) . .	1e							
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	2,104,658.						
	g Noncash contributions included in lines 1a-1f.	1g	\$						
	h Total. Add lines 1a-1f			2,410,162.					
	Program Service Revenue	2a _____	Business Code						
b _____									
c _____									
d _____									
e _____									
f All other program service revenue									
g Total. Add lines 2a-2f				0.					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts).			5,179,411.		750,052.	4,429,359.	
	4 Income from investment of tax-exempt bond proceeds .			0.					
	5 Royalties			8,133.			8,133.		
	6a Gross rents	6a	(i) Real	(ii) Personal					
			3,611,997.						
			b Less: rental expenses	6b	3,604,080.				
	c Rental income or (loss)	6c	7,917.						
	d Net rental income or (loss)			7,917.			7,917.		
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
			197,513,350.	79,332,587.					
			b Less: cost or other basis and sales expenses . .	7b	179,701,895.	72,912,823.			
			c Gain or (loss)	7c	17,811,455.	6,419,764.			
	d Net gain or (loss)			24,231,219.			24,231,219.		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a							
			305,504.	44,400.					
b Less: direct expenses			8b	199,959.					
c Net income or (loss) from fundraising events.			-155,559.			-155,559.			
9a Gross income from gaming activities. See Part IV, line 19	9a			0.					
		b Less: direct expenses	9b	0.					
		c Net income or (loss) from gaming activities.			0.				
10a Gross sales of inventory, less returns and allowances	10a			0.					
		b Less: cost of goods sold	10b	0.					
		c Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code							
		561000	7,349.	7,349.					
		b EDUCATION & TRAINING	611420	1,519.	1,519.				
		c _____							
		d All other revenue							
		e Total. Add lines 11a-11d			8,868.				
12 Total revenue. See instructions			31,690,151.	8,868.	750,052.	28,521,069.			

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 [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Advertising, etc.

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	90,569.	1	6,199,928.
	2 Savings and temporary cash investments	5,247,083.	2	2,825,254.
	3 Pledges and grants receivable, net	410,612.	3	155,772.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	9,391.	8	9,391.
	9 Prepaid expenses and deferred charges	2,140,865.	9	1,212,457.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 146,943,546.		
	b Less: accumulated depreciation	10b 26,458,759.	201,050,438.	10c 120,484,787.
	11 Investments - publicly traded securities.	ATCH 3	208,494,707.	11 198,567,027.
	12 Investments - other securities. See Part IV, line 11		171,894,571.	12 113,026,862.
	13 Investments - program-related. See Part IV, line 11.		0.	13 0.
	14 Intangible assets		0.	14 0.
	15 Other assets. See Part IV, line 11		3,365,463.	15 88,087,203.
16 Total assets. Add lines 1 through 15 (must equal line 33)		592,703,699.	16 530,568,681.	
Liabilities	17 Accounts payable and accrued expenses	8,137,752.	17	21,267,970.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	2,090,158.	19	1,742,344.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	296,405,911.	23	216,818,831.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	404,038,378.	25	399,799,626.
	26 Total liabilities. Add lines 17 through 25.	710,672,199.	26	639,628,771.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-120,414,957.	27	-111,473,045.
	28 Net assets with donor restrictions.	2,446,457.	28	2,412,955.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	-117,968,500.	32	-109,060,090.
33 Total liabilities and net assets/fund balances.	592,703,699.	33	530,568,681.	

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	31,690,151.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,914,986.
3	Revenue less expenses. Subtract line 2 from line 1	3	775,165.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-117,968,500.
5	Net unrealized gains (losses) on investments	5	31,205,457.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-23,072,212.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-109,060,090.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 above (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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,257,358.	4,869,435.	3,623,621.	2,045,776.	2,403,088.	19,199,278.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	6,257,358.	4,869,435.	3,623,621.	2,045,776.	2,403,088.	19,199,278.
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).						1,578,623.
6 Public support. Subtract line 5 from line 4						17,620,655.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	6,257,358.	4,869,435.	3,623,621.	2,045,776.	2,403,088.	19,199,278.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,888.	3,819,341.	11,685,744.	14,800,975.	8,143,096.	38,456,044.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				394,772.	750,052.	1,144,824.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						58,800,146.
12 Gross receipts from related activities, etc. (see instructions)					12	102,848.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	29.97%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	39.79%
16a 33 1/3% support test - 2019. 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. ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2018. 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 ▶ <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>	1	
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? <i>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.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> 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.		Yes	No
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? <i>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.</i>	2a		
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? <i>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.</i>	2b		
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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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):			
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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization LIGHTHOUSE GUILD INTERNATIONAL, INC.	Employer identification number 46-4215298
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Lighthouse Guild International, Inc.

Employer identification number
46-4215298**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. ANTHONY L. LUPO 15A MARION STREET GREENVALE, NY 11548-1144	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF SHIRLEY BALL 250 WEST 64TH ST NEW YORK, NY 10023	\$ 285,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	E.H.C. FOUNDATION 909 3RD AVENUE NEW YORK, NY 10022-4752	\$ 160,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DR. AND MRS. NORMAN M. BRIER 211 BEDFORD BANKSVILLE ROAD BEDFORD, NY 10506-1918	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE BLOCK FRIEDMAN FAMILY FOUNDATION, IN 499 FASHION AVENUE 21ST FL. SOUTH TOWER NEW YORK, NY 10018-6803	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	J.T. TAI & CO. FOUNDATION, INC. 18 EAST 67TH STREET FRONT NEW YORK, NY 10065-5882	\$ 90,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LIGHTHOUSE GUILD INTERNATIONAL, INC.**

Employer identification number
46-4215298

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LLEWELLYN BURCHELL CHARITABLE TRUST 270 PARK AVENUE NEW YORK, NY 10017-2014	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	GOLDSCHMIDT & GOLDSCHMIDT 641 LEXINGTON AVENUE FL. 17 NEW YORK, NY 10022-4503	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **LIGHTHOUSE GUILD INTERNATIONAL, INC.**

Employer identification number

46-4215298

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **LIGHTHOUSE GUILD INTERNATIONAL, INC.**

Employer identification number
46-4215298

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on 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," on 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," on 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.

Name of organization LIGHTHOUSE GUILD INTERNATIONAL, INC.	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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

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, ATCH 1 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 (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		800.	1,348.
c Total lobbying expenditures (add lines 1a and 1b)		800.	1,348.
d Other exempt purpose expenditures		30,882,686.	45,389,817.
e Total exempt purpose expenditures (add lines 1c and 1d)		30,883,486.	45,391,165.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	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)		250,000.	779,669.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	143,100.	144,000.	31,500.	800.	319,400.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 2 columns: Question, Amount. Rows include questions about dues, political expenses, and carryover.

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.

Blank lines for providing supplemental information.

Part IV Supplemental Information *(continued)*

Part IV Supplemental Information (continued)ATTACHMENT 1SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: GUILDNET, INC.
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-3936057
 ORGANIZATION IS AN ELECTING ORGANIZATION.
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 11,253,570.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 11,253,570.
 LOBBYING NONTAXABLE AMOUNT: 712,679.
 GRASSROOTS NONTAXABLE AMOUNT: 178,170.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: GREATER BOSTON GUILD FOR THE BLIND, INC.
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 04-2103893
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES:
 TOTAL EXEMPT PURPOSE EXPENDITURES:
 LOBBYING NONTAXABLE AMOUNT:
 GRASSROOTS NONTAXABLE AMOUNT:
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: JGB REHABILITATION CORPORATION
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-3439035
 ORGANIZATION IS AN ELECTING ORGANIZATION.
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT: 1,348.
 TOTAL LOBBYING EXPENDITURES: 1,348.
 OTHER EXEMPT PURPOSE EXPENDITURES: 17,086,295.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 17,087,643.
 LOBBYING NONTAXABLE AMOUNT: 1,000,000.
 GRASSROOTS NONTAXABLE AMOUNT: 250,000.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: LIGHTHOUSE INTERNATIONAL
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-1096620
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 784,917.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 784,917.
 LOBBYING NONTAXABLE AMOUNT: 142,738.
 GRASSROOTS NONTAXABLE AMOUNT: 35,685.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: THE JEWISH GUILD FOR THE BLIND
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-1623854
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 7,221,470.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 7,221,470.
 LOBBYING NONTAXABLE AMOUNT: 511,074.
 GRASSROOTS NONTAXABLE AMOUNT: 127,769.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: JGB MNTAL HLTH & MNTAL RETARDATION SVCS
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 20-1480790
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 5,560,944.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 5,560,944.
 LOBBYING NONTAXABLE AMOUNT: 428,047.
 GRASSROOTS NONTAXABLE AMOUNT: 107,012.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)ATTACHMENT 1 (CONT'D)SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:	JGB EDUCATION SERVICES	
ADDRESS:	250 WEST 64TH STREET	
	NEW YORK, NY 10023	
EIN:	13-3419981	
GRASSROOTS LOBBYING AMOUNT:		
DIRECT LOBBYING AMOUNT:		
TOTAL LOBBYING EXPENDITURES:		
OTHER EXEMPT PURPOSE EXPENDITURES:		3,482,621.
TOTAL EXEMPT PURPOSE EXPENDITURES:		3,482,621.
LOBBYING NONTAXABLE AMOUNT:		324,131.
GRASSROOTS NONTAXABLE AMOUNT:		81,033.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:		
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:		
SHARE OF EXCESS LOBBYING EXPENDITURES:		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

JSA 9E1268 1.000

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 make 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 program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a 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 Term endowment %
The percentages on 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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 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 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE FUNDS	38,828,903.	FMV
(B) LIMITED PARTNERSHIP	21,977,550.	FMV
(C) PRIVATE EQUITY	14,863,422.	COST
(D) PRIVATE EQUITY	37,356,987.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	113,026,862.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM GEM INVESTMENT	87,861,000.
(2) OTHER RECEIVABLES	226,203.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	88,087,203.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	402,233,392.
(3) DUE FROM GUILDNET - LINE OF CREDIT	-27,750,000.
(4) OTHER	
(5) DUE TO JGB AND LHI ENDOWMENT FUND	25,316,234.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	399,799,626.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

PART X, LINE 2

LGI ADOPTED THE PROVISIONS OF ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON LGI'S CONSOLIDATED FINANCIAL STATEMENTS. LGI DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. LGI HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, LGI HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES. LGI IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

LIGHTHOUSE GUILD INTERNATIONAL, INC.

Employer identification number

46-4215298

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		41,619,546.
(2) SOUTH ASIA	0.	0.	INVESTMENTS		872,280.
(3) EUROPE	0.	0.	INVESTMENTS		3,448,098.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					45,939,924.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					45,939,924.

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

Schedule F (Form 990) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3(F) & PART IV

THE AMOUNT REPORTED ON PART I, LINE 3 (F) REPRESENTS LIGHTHOUSE GUILD INTERNATIONAL, INC'S INVESTMENT INTEREST IN CORPORATIONS AND LIMITED PARTNERSHIPS THAT ARE LEGALLY DOMICILED IN FOREIGN COUNTRIES. LIGHTHOUSE GUILD INTERNATIONAL, INC'S INTERESTS AND TRANSACTIONS MAY NOT HAVE MET THE FILING THRESHOLDS REQUIRED FOR THE FILING OF THE FORMS REFERENCED IN PART IV OF SCHEDULE F.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

LIGHTHOUSE GUILD INTERNATIONAL, INC.

Employer identification number

46-4215298

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				104,200.	150,500.	-46,300.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" on 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
		LIGHTYEARS GALA	POSH-PALM BEAC		(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	6,000.	343,904.	0.	349,904.
	2 Less: Contributions	6,000.	299,504.	0.	305,504.
	3 Gross income (line 1 minus line 2)		44,400.	0.	44,400.
Direct Expenses	4 Cash prizes			0.	
	5 Noncash prizes			0.	
	6 Rent/facility costs			0.	
	7 Food and beverages		49,913.	0.	49,913.
	8 Entertainment		1,000.	0.	1,000.
	9 Other direct expenses	12,600.	136,446.	0.	149,046.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				199,959.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-155,559.	

Part III Gaming. Complete if the organization answered "Yes" on 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 Noncash 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 activity 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 ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
MARC ROSEN ASSOCIATES 1345 AVENUE OF THE AMERICAS 2ND FL. NEW YORK NY 10105	FUNDRAISING		X	104,200.	150,500.	-46,300.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on 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" on line 5a or 5b, describe in Part III.

6 For persons listed on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2019

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 on 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 aren't 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALAN R. MORSE PRESIDENT & CEO	(i)	1,187,889.	0.	41,688.	9,968.	28,013.	1,267,558.	0.
	(ii)	146,815.	0.	5,153.	1,232.	3,462.	156,662.	0.
2 HIMANSHU R. SHAH CHIEF FINANCIAL OFFICER	(i)	220,109.	60,805.	25,711.	9,080.	32,539.	348,244.	0.
	(ii)	51,387.	14,195.	6,002.	2,120.	7,597.	81,301.	0.
3 CHARLES F. BLUM- THRU 1 GENERAL COUNSEL	(i)	208,603.	0.	11,961.	6,720.	28,358.	255,642.	0.
	(ii)	139,068.	0.	7,974.	4,480.	18,906.	170,428.	0.
4 MAURA SWEENEY SR. VP PROGRAMS AND SERV.	(i)	155,686.	0.	159.	5,040.	7,601.	168,486.	0.
	(ii)	190,284.	0.	192.	6,160.	9,291.	205,927.	0.
5 ROBERT DULAK CHIEF INFORMATION OFFICER	(i)	168,988.	0.	672.	7,377.	33,631.	210,668.	0.
	(ii)	83,930.	0.	334.	3,663.	16,704.	104,631.	0.
6 CATHLEEN A. WIRTS CHIEF STRATEGY OFFICER	(i)	218,274.	0.	1,559.	9,022.	16,019.	244,874.	0.
	(ii)	52,687.	0.	376.	2,178.	3,865.	59,106.	0.
7 JOEL G. LEVI CHIEF COMPLIANCE OFFICER	(i)	198,769.	0.	230.	8,235.	23,224.	230,458.	0.
	(ii)	42,877.	0.	49.	1,776.	5,010.	49,712.	0.
8 MELISSA ROSENBAUM VICE-PRESIDENT-HUMAN RESO	(i)	144,049.	0.	749.	6,198.	23,452.	174,448.	0.
	(ii)	49,400.	0.	257.	2,125.	8,043.	59,825.	0.
9 MD M. RAHMAN DIR IT NETWORK INFRA &OPS	(i)	164,657.	0.	221.	7,070.	41,946.	213,894.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 WILLIAM H. SEIPLE CHIEF RESEARCH OFFICER	(i)	18,716.	0.	250.	772.	343.	20,081.	0.
	(ii)	168,448.	0.	2,251.	6,947.	3,082.	180,728.	0.
11 ANNEMARIE O'HEARN VP, EDUCATION & TRAINING	(i)	143,879.	0.	528.	5,853.	8,325.	158,585.	0.
	(ii)	34,730.	0.	127.	1,413.	2,009.	38,279.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

PART I, LINE 3:

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 JEWISH GUILD HEALTHCARE AND OTHER AFFILIATES. JEWISH GUILD HEALTHCARE EMPLOYEES DID NOT RECEIVE ANY DIRECT COMPENSATION FROM JEWISH GUILD HEALTHCARE BUT DID RECEIVE COMPENSATION FROM LGI SERVICES, LLC (EIN #46-4232802). LGI SERVICES, LLC IS THE EMPLOYER OF ALL SALARIED PERSONS PROVIDING SERVICE TO ALL LIGHTHOUSE GUILD INTERNATIONAL, INC AFFILIATES WHICH INCLUDE: LIGHTHOUSE GUILD INTERNATIONAL, INC., THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, LIGHTHOUSE INTERNATIONAL, JGB HEALTH FACILITIES CORPORATION, JGB REHABILITATION CORPORATION, JGB EDUCATION SERVICES, GUILDNET, INC. , GREATER BOSTON GUILD FOR THE BLIND, INC., JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC. AND NATIONAL ASSOCIATION OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS, INC.

PART I, LINE 4B:

THE FOLLOWING INDIVIDUAL PARTICIPATED IN A 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN.

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.

ALAN R. MORSE

A TAXABLE CONTRIBUTION OF \$26,233 WAS MADE FOR ALAN R. MORSE DURING 2019.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

LIGHTHOUSE GUILD INTERNATIONAL, INC.

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

2019

**Open to Public
Inspection**

Employer identification number

46-4215298

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

LIGHTHOUSE GUILD INTERNATIONAL, INC. IS COMMITTED TO PREVENTING AND ADDRESSING VISION LOSS SO THAT INDIVIDUALS WITH OR AT RISK FOR VISION LOSS CAN LIVE FULLY AND INDEPENDENTLY. MOST SERVICES ARE PROVIDED THROUGH IT'S AFFILIATE CORPORATIONS: THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, LIGHTHOUSE INTERNATIONAL, GUILDNET, INC., JGB HEALTH FACILITIES CORPORATION, JGB REHABILITATION CORPORATION, JGB EDUCATION SERVICES, JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC., NATIONAL ASSOCIATION OF PARENTS WITH VISUAL IMPAIRMENTS, INC., AND GREATER BOSTON GUILD FOR THE BLIND, INC.

FORM 990, PART VI, SECTION A, LINE 6:

THERE ARE TEN (10) MEMBERS OF THE CORPORATION (COLLECTIVELY, THE "MEMBERS"). MEMBERSHIP IN THE CORPORATION IS NOT TRANSFERABLE. EACH MEMBER SHALL BE COMMITTED TO THE FURTHERANCE OF THE PURPOSES OF THE CORPORATION AND SHALL ABIDE BY THE BY-LAWS AND ALL RULES AND POLICIES OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

PRIOR TO JANUARY 1, 2022, IF A MEMBER WHO IS A GUILD (JEWISH GUILD FOR THE BLIND) APPOINTEE BECOMES INCAPACITATED, DIES, RESIGNS OR IS REMOVED BY THE OTHER MEMBERS, THE REMAINING GUILD APPOINTEES SHALL APPOINT A SUCCESSOR BY A MAJORITY VOTE OF SUCH GROUP, AND SUCH SUCCESSOR SHALL ALSO BE DEEMED TO BE A GUILD APPOINTEE. PRIOR TO JANUARY 1, 2022, IF A MEMBER

Name of the organization LIGHTHOUSE GUILD INTERNATIONAL, INC.	Employer identification number 46-4215298
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WHO IS A LIGHTHOUSE (LIGHTHOUSE INTERNATIONAL) APPOINTEE BECOMES INCAPACITATED, DIES, RESIGNS OR IS REMOVED BY THE OTHER MEMBERS, THE REMAINING LIGHTHOUSE APPOINTEES SHALL APPOINT A SUCCESSOR BY A MAJORITY VOTE OF SUCH GROUP, AND SUCH SUCCESSOR SHALL ALSO BE DEEMED TO BE A LIGHTHOUSE APPOINTEE. FROM AND AFTER JANUARY 1, 2022, IF ANY MEMBER BECOMES INCAPACITATED, DIES, RESIGNS OR IS REMOVED BY THE OTHER MEMBERS, A SUCCESSOR SHALL BE APPOINTED BY A MAJORITY VOTE OF THE TOTAL NUMBER OF MEMBERS, REGARDLESS OF WHETHER THE VACANCY RELATED TO A MEMBER WHO WAS PREVIOUSLY A LIGHTHOUSE APPOINTEE OR GUILD APPOINTEE.

FORM 990, SECTION A, LINE 7B:

ANY BY-LAW MAY BE ADOPTED, AMENDED, MODIFIED, RESTATED OR REPEALED ONLY BY THE MEMBER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND REVIEWED BY OUTSIDE TAX EXPERTS. THE FORM IS THEN DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND APPROVAL PRIOR TO IT'S FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS, DIRECTORS AND 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

Name of the organization LIGHTHOUSE GUILD INTERNATIONAL, INC.	Employer identification number 46-4215298
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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,

Name of the organization LIGHTHOUSE GUILD INTERNATIONAL, INC.	Employer identification number 46-4215298
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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.

FORM 990, PART VI, SECTION C, LINE 19:

THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON LIGHTHOUSE GUILD'S WEBSITE. UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

FORM 990, PART VII, SECTION A:

SEE SCHEDULE J PART I, LINE 3 EXPLANATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

IMPAIRMENT LOSS	- 2,553,485
RESERVE ON DUE FROM AFFILIATES	-20,518,727
TOTAL TO FORM 990, PART XI, LINE 9	-23,072,212

FORM 990, PART IX, COLUMN B:

THE MAJORITY OF LIGHTHOUSE GUILD INTERNATIONAL, INC.'S SERVICES ARE PROVIDED WITH AND THROUGH AFFILIATES EACH OF WHICH FILES THEIR OWN FORM 990. LIGHTHOUSE GUILD INTERNATIONAL, INC. HANDLES THE MANAGEMENT, MARKETING AND FUNDRAISING FOR ALL OF THESE AFFILIATE CORPORATIONS

Name of the organization LIGHTHOUSE GUILD INTERNATIONAL, INC.	Employer identification number 46-4215298
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INCLUDING THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE,
LIGHTHOUSE INTERNATIONAL, GUILDNET, INC., JGB HEALTH FACILITIES
CORPORATION, JGB REHABILITATION CORPORATION, JGB EDUCATION SERVICES, JGB
MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC., NATIONAL ASSOCIATION
OF PARENTS OF CHILDREN WITH VISUAL IMPAIRMENTS, INC., AND GREATER BOSTON
GUILD FOR THE BLIND, INC.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MCKINSEY & COMPANY, INC. PO BOX 7247-7255 PHILADELPHIA, PA 19170-7255	CONSULTING	1,200,000.
GILBANE BUILDING COMPANY 88 PINE STREET, 27TH FLOOR NEW YORK, NY 10005	CONSTRUCTION	1,000,000.
KPMG, LLP PO BOX 120511 DALLAS, TX 75312-0511	ACCOUNTING	544,856.
PROSKAUER ROSE LLP ELEVEN TIMES SQUARE NEW YORK, NY 10036-8299	LEGAL	238,741.
PAUL, WEISS, RIFKIND, WHARTON & GARRISON 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019-6064	LEGAL	182,870.

Name of the organization LIGHTHOUSE GUILD INTERNATIONAL, INC.	Employer identification number 46-4215298
--	--

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
MUTUAL FUNDS	198,465,232.	FMV
ACCRUED INTEREST INCOME	1,410.	FMV
ACCRUED DIVIDEND INCOME	100,385.	FMV
TOTALS	<u>198,567,027.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 250 WEST 64TH STREET NEW YORK, NY 10023 46-4269952	PROVIDE SVCS.	NY	0.	127699589.	LGI
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) JEWISH GUILD FOR THE BLIND D/B/A JEWISH 250 WEST 64TH STREET NEW YORK, NY 10023 13-1623854	VISION HEALTH	NY	501(C)(3)	LINE 10	LGII	X	
(2) JGB HEALTH FACILITIES CORPORATION 250 WEST 64TH STREET NEW YORK, NY 10023 13-2795647	ADHC	NY	501(C)(3)	LINE 10	JGB	X	
(3) JGB REHABILITATION CORPORATION 250 WEST 64TH STREET NEW YORK, NY 10023 13-3439035	CLINIC	NY	501(C)(3)	LINE 10	JGB	X	
(4) JGB EDUCATION SERVICES 250 WEST 64TH STREET NEW YORK, NY 10023 13-3419981	SCHOOL	NY	501(C)(3)	LINE 2	JGB	X	
(5) GUILDNET, INC. 250 WEST 64TH STREET NEW YORK, NY 10023 13-3936057	HEALTH PLAN	NY	501(C)(3)	LINE 10	JGB	X	
(6) GREATER BOSTON GUILD FOR THE BLIND, INC. 250 WEST 64TH STREET NEW YORK, NY 10023 04-2103893	EDUCATION	MA	501(C)(3)	LINE 7	JGB	X	
(7) JGB MENTAL HEALTH AND MENTAL RETARDATION 250 WEST 64TH STREET NEW YORK, NY 10023 20-1480790	MENTAL HEALTH	NY	501(C)(3)	LINE 10	JGB	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) NATNL ASSOC OF PARNTS OF CHILDRN W VISUA 250 WEST 64TH STREET NEW YORK, NY 10023 74-2095442	EDUCATION	MA	501(C)(3)	LINE 10	JGB	X	
(2) LIGHTHOUSE INTERNATIONAL 250 WEST 64TH STREET NEW YORK, NY 10023 13-1096620	VISION HEALTH	NY	501(C)(3)	LINE 7	LGII	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" 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
(1) 80 WEST END AVENUE LEASEHOLD CONDOMINIUM 83-2867887 250 WEST 64TH STREET NEW YORK, NY 10023	MANAGE PROPERTY	NY	LGII	C CORP.	0.	1,326,142.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

	Yes	No
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	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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) JGB REHABILITATION CORPORATION	A	1,878,228.	COST
(2) JGB MENTAL HLTH & MNLT RETARDATION SVCS, INC.	A	605,908.	COST
(3) THE JEWISH GUILD FOR THE BLIND	A	687,141.	COST
(4) JGB REHABILITATION CORPORATION	J	1,755,777.	COST
(5) THE JEWISH GUILD FOR THE BLIND	J	647,001.	COST
(6) JGB MENTAL HLTH & MNLT RETARDATION SVCS, INC.	J	567,579.	COST

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.

	Yes	No
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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) LIGHTHOUSE INTERNATIONAL	L	153,693.	COST
(2) THE JEWISH GUILD FOR THE BLIND	O	1,091,258.	COST
(3) JGB REHABILITATION CORPORATION	O	2,019,566.	COST
(4) JGB MENTAL HLTH & MNLT RETARDATION SVCS, INC.	O	648,423.	COST
(5) LIGHTHOUSE INTERNATIONAL	O	114,064.	COST
(6) THE JEWISH GUILD FOR THE BLIND	P	26,771,802.	COST

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.

	Yes	No
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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) JGB REHABILITATION CORPORATION	Q	1,035,000.	COST
(2) LIGHTHOUSE INTERNATIONAL	Q	448,473.	COST
(3) JGB MENTAL HLTH & MNLT RETARDATION SVCS, INC.	Q	650,000.	COST
(4) GREATER BOSTON GUILD FOR THE BLIND	Q	440,907.	COST
(5) 80 WEST END AVENUE LEASEHOLD CONDOMINIUM	Q	440,887.	COST
(6)			

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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31, 2019.

2019

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section		LIGHTHOUSE GUILD INTERNATIONAL, INC.	46-4215298
<input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions.)
C Book value of all assets at end of year 530,568,681.		250 WEST 64TH ST City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023	525990
F Group exemption number (See instructions.) ▶		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ HIMANSHU R SHAH Telephone number ▶ 212-769-6331

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Schedule A, line 7)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4a Capital gain net income (attach Schedule D)	3			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Schedule C)	5	750,052.	ATCH 2	750,052.
7 Unrelated debt-financed income (Schedule E)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	7			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8			
10 Exploited exempt activity income (Schedule I)	9			
11 Advertising income (Schedule J)	10			
12 Other income (See instructions; attach schedule)	11			
13 Total. Combine lines 3 through 12	12	750,052.		750,052.
	13			

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	18		
19 Taxes and licenses	19		392.
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		
22 Depletion	21b		196,858.
23 Contributions to deferred compensation plans	22		
24 Employee benefit programs	23		
25 Excess exempt expenses (Schedule I)	24		
26 Excess readership costs (Schedule J)	25		
27 Other deductions (attach schedule)	26		
28 Total deductions. Add lines 14 through 27	27		1,600.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	28		198,850.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	29		551,202.
31 Unrelated business taxable income. Subtract line 30 from line 29	30		551,202.
	31		

For Paperwork Reduction Act Notice, see instructions.

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign activities and tax-exempt interest.

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.

Sign Here: HIMANSHU R. SHAH, Signature of officer; CFO, Title.

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

Paid Preparer Use Only: KRISTIN RUFFINI, Preparer's signature; Date 11/13/2020; Firm's name BDO USA, LLP; Firm's address 401 BROADHOLLOW RD, STE 201, MELVILLE, NY 11747.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line		
3 Cost of labor	3		6 from line 5. Enter here and in Part		
4a Additional section 263A costs			I, line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes No
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply		
			to the organization?		X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Totals ▶

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENT IN LIMITED PARTNERSHIPS

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

BLACK MOUNTAIN SAND HOLDINGS LLC	-40,007.
BLACKSTONE REAL ESTATE PARTNERS IX. TE. 1 L.P.	174.
GCP II/III SPV LP	-17,885.
GENSTAR CAPITAL PARTNERS VIII, LP	-54.
GENSTAR CAPITAL PARTNERS IX, LP	-69.
NGP NATURAL RESOURCES XII, LP	-109,846.
NGP XI LUXE CO-INVEST, LLC	-226,553.
GLOBAL ENDOWMENT FUND II, LP	984,693.
PANDA HUMMEL STATION HOLDINGS, LLC	4,108.
SP FGT INVESTORS, LLC	-58,105.
TAILWIND CAPITAL PARTNERS III (CAYMAN, L.P.	94,193.
FINANCIAL PARTNERS FUND I, L.P.	-12,258.
FINANCIAL PARTNERS SUND II, L.P.	3,282.
GREAT HILL EQUITY PARTNERS VI, LP	129,340.
GREAT HILL EQUITY PARTNERS VI-A, LP	-961.
INCOME (LOSS) FROM PARTNERSHIPS	<u>750,052.</u>

ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES 1,600.

PART II - LINE 27 - OTHER DEDUCTIONS 1,600.

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

LIGHTHOUSE GUILD INTERNATIONAL, INC.

Identifying number

46-4215298

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for general depreciation calculations and 13 rows for listed property details.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2019.

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction.

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for summary calculations.

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):
43 Amortization of costs that began before your 2019 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC		Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST		Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023		
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate		
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>		
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>		
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) PELHAM LONG/SHORT SMALL CAP FD LTD		Employer identification number (if any)
Address (Enter number, street, city or town, and country.) CLARENDON HOUSE, 2 CHURCH STREET HAMILTON BD HM 11		Reference ID number (see instructions)
		Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- Description of each class of shares held by the shareholder: CLASS A
 Check if shares jointly owned with spouse.
- Date shares acquired during the tax year, if applicable: _____
- Number of shares held at the end of the tax year: _____
- Value of shares held at the end of the tax year (check the appropriate box, if applicable):
(a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
(e) If more than \$200,000, list value: 929,814
- Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
(a) Section 1291 \$ _____
(b) Section 1293 (Qualified Electing Fund) \$ _____
(c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a	Enter your pro rata share of the ordinary earnings of the QEF	6a	132,656.		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c		132,656.	
7a	Enter your pro rata share of the total net capital gain of the QEF	7a	55,675.		
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions	7c		55,675.	

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8a	Add lines 6c and 7c.	8a			
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year.	8c			
d	Add lines 8b and 8c.	8d			
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e			
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
9a	Enter the total tax for the tax year. See instructions	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e.	9b			
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions.	9c			

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a			
b	Enter your adjusted basis in the stock at the end of the tax year	10b			
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c			
11	Enter any unreversed inclusions (as defined in section 1296(d))	11			
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12			
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:				
a	Enter the fair market value of the stock on the date of sale or disposition	13a			
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b			
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c			
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a			
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.	14b			
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c			

Note: See instructions in case of multiple sales or dispositions.

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
CLASS A				

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) ANCORA CATALYST SPV I SPC LTD	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) 94 SOLARIS AVENUE PO BOX 1348 GRAND CAYMAN CJ KY1-110	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: SEGREGATED PORTFOLIO B
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: 09/19/2019
- 3 Number of shares held at the end of the tax year: _____
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: 435,392
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ _____
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b		
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c		
7a	Enter your pro rata share of the total net capital gain of the QEF	7a	3,130.	
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b		
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions	7c		3,130.

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8a	Add lines 6c and 7c.	8a		
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b		
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year.	8c		
d	Add lines 8b and 8c.	8d		
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e		
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
9a	Enter the total tax for the tax year. See instructions	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e.	9b		
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions.	9c		

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a		
b	Enter your adjusted basis in the stock at the end of the tax year	10b		
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c		
11	Enter any unreversed inclusions (as defined in section 1296(d))	11		
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12		
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:			
a	Enter the fair market value of the stock on the date of sale or disposition	13a		
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b		
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c		
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a		
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.	14b		
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c		

Note: See instructions in case of multiple sales or dispositions.

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
SEGREGATED PORTFOLIO B			09/19/2019	

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) HALCYON INV. OPPORTUNITIES SPC	Employer identification number (if any) 98-1418684
Address (Enter number, street, city or town, and country.) PO BOX 309, UGLAND HOUSE GRAND CAYMAN CJ KY1-110	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: SEGREGATED PORTFOLIO A
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: _____
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: _____
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ 330,952
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a	Enter your pro rata share of the ordinary earnings of the QEF	6a	2,187.		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c		2,187.	
7a	Enter your pro rata share of the total net capital gain of the QEF	7a	6,803.		
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions	7c		6,803.	

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8a	Add lines 6c and 7c.	8a			
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year.	8c			
d	Add lines 8b and 8c.	8d			
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e			
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
9a	Enter the total tax for the tax year. See instructions	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e.	9b			
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions.	9c			

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a			
b	Enter your adjusted basis in the stock at the end of the tax year	10b			
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c			
11	Enter any unreversed inclusions (as defined in section 1296(d))	11			
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12			
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:				
a	Enter the fair market value of the stock on the date of sale or disposition	13a			
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b			
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c			
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a			
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.	14b			
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c			

Note: See instructions in case of multiple sales or dispositions.

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
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SEGREGATED PORTFOLIO A

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) TWIN TREE CAPITAL OFFSHORE PARTNERS	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) PO BOX 309, UGLAND HOUSE GRAND CAYMAN CJ KY1-110	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: MEMBER INTEREST
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: _____
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: 1,151,417
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ 318,931
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a	Enter your pro rata share of the ordinary earnings of the QEF	6a	56,629.		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c		56,629.	
7a	Enter your pro rata share of the total net capital gain of the QEF	7a			
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions	7c			

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8a	Add lines 6c and 7c.	8a			
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year.	8c			
d	Add lines 8b and 8c.	8d			
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e			
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
9a	Enter the total tax for the tax year. See instructions	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e.	9b			
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions.	9c			

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a			
b	Enter your adjusted basis in the stock at the end of the tax year	10b			
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c			
11	Enter any unreversed inclusions (as defined in section 1296(d))	11			
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12			
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:				
a	Enter the fair market value of the stock on the date of sale or disposition	13a			
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b			
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c			
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a			
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.	14b			
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c			

Note: See instructions in case of multiple sales or dispositions.

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
MEMBER INTEREST				

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) AEOLUS PROPERTY CATASTROPHE KEYSTO.	Employer identification number (if any) 98-1174747
Address (Enter number, street, city or town, and country.) 14 WESLEY STREET HAMILTON BD HM 11	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: KEYSTONE PF SEGREGATED AC
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: _____
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: _____
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ _____
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a	Enter your pro rata share of the ordinary earnings of the QEF	6a	181,515.		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c		181,515.	
7a	Enter your pro rata share of the total net capital gain of the QEF	7a			
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions	7c			

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8a	Add lines 6c and 7c.	8a			
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year.	8c			
d	Add lines 8b and 8c.	8d			
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e			
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
9a	Enter the total tax for the tax year. See instructions	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e.	9b			
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions.	9c			

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a			
b	Enter your adjusted basis in the stock at the end of the tax year	10b			
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c			
11	Enter any unreversed inclusions (as defined in section 1296(d))	11			
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12			
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:				
a	Enter the fair market value of the stock on the date of sale or disposition	13a			
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b			
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c			
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a			
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.	14b			
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c			

Note: See instructions in case of multiple sales or dispositions.

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
KEYSTONE PF SEGREGATED AC				

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) AEOLUS PROPERTY CATASTROPHE KEYSTON	Employer identification number (if any) 98-1174282
Address (Enter number, street, city or town, and country.) 14 WESLEY STREET HAMILTON BD HM 11	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: KEYSTONE PF FUND LP
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: _____
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: _____
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ 277,992
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a	Enter your pro rata share of the ordinary earnings of the QEF	6a	193.		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c			193.
7a	Enter your pro rata share of the total net capital gain of the QEF	7a			
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions	7c			

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8a	Add lines 6c and 7c.	8a			
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year.	8c			
d	Add lines 8b and 8c.	8d			
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e			
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
9a	Enter the total tax for the tax year. See instructions	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e.	9b			
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions.	9c			

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a			
b	Enter your adjusted basis in the stock at the end of the tax year	10b			
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c			
11	Enter any unreversed inclusions (as defined in section 1296(d))	11			
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12			
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:				
a	Enter the fair market value of the stock on the date of sale or disposition	13a			
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b			
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c			
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a			
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.	14b			
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c			

Note: See instructions in case of multiple sales or dispositions.

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
KEYSTONE PF FUND LP				

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) MELQART EQUUS SPC	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) 64 SHEDDEN ROAD GRAND CAYMAN CJ KY1-120	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: FUND
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: _____
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: _____
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ _____
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

6a	Enter your pro rata share of the ordinary earnings of the QEF	6a	9,406.		
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	6c		9,406.	
7a	Enter your pro rata share of the total net capital gain of the QEF	7a			
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions	7c			

Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.

8a	Add lines 6c and 7c.	8a			
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year.	8c			
d	Add lines 8b and 8c.	8d			
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)	8e			
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
9a	Enter the total tax for the tax year. See instructions	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e.	9b			
c	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is extended by making Election B. See instructions.	9c			

Part IV Gain or (Loss) From Mark-to-Market Election (see instructions)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a			
b	Enter your adjusted basis in the stock at the end of the tax year	10b			
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c			
11	Enter any unreversed inclusions (as defined in section 1296(d))	11			
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12			
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:				
a	Enter the fair market value of the stock on the date of sale or disposition	13a			
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b			
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c			
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a			
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c.	14b			
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c			

Note: See instructions in case of multiple sales or dispositions.

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
FUND				

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) SPRING REAL ESTATE INVESTMENT TRUST	Employer identification number (if any)
Address (Enter number, street, city or town, and country.)	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: COMMON STOCK
 Check if shares jointly owned with spouse. VARIOUS
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: _____
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: _____
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ 67
 (b) Section 1293 (Qualified Electing Fund) \$ _____
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (see instructions)
 Complete a **separate Part V** for each excess distribution and disposition. See instructions.

15a	Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a	67.
b	Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	15b	
c	Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)	15c	
d	Multiply line 15c by 125% (1.25).	15d	
e	Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return.	15e	67.
f	Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16	15f	
16a	If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b	Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income.	16b	
c	Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions	16c	
d	Foreign tax credit (see instructions).	16d	
e	Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions	16e	
f	Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions.	16f	

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
COMMON STOCK				

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) ENERGEAN ISRAEL LIMITED	Employer identification number (if any)
Address (Enter number, street, city or town, and country). LEFKONOS 22, 1ST FLOOR STROVOLOS CY	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: KEROGEN EXPANSION FUND, LP
 Check if shares jointly owned with spouse. ORDINARY SHARES
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: 1,927
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: 972,676
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ _____
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

FORM 8621, STOCK OWNERSHIP STATEMENT

<u>CLASS OF STOCK</u>	<u>BEGINNING SHARES</u>	<u>SHARE CHANGES</u>	<u>DATE OF CHANGE</u>	<u>ENDING SHARES</u>
KEROGEN EXPANSION FUND,LP	1,927.			1,927.

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) CIRCLE INTERNET TECH PRIVATE LTD	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) INDIRANAGAR DOUBLE RD, DOPANHALLI BANGALORE IN 560008	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 04/01/2018 and ending 03/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: COMMON & PREFERRED
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: 28
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: _____
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ _____
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
COMMON & PREFERRED				28.

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Go to www.irs.gov/Form8621 for instructions and the latest information.

Name of shareholder LIGHTHOUSE GUILD INTERNATIONAL, INC	Identifying number (see instructions) 46-4215298
Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH ST	Shareholder tax year: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019
City or town, state, and ZIP code or country NEW YORK NY 10023	
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate	
Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election- I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) PELHAM LONG/SHORT FUND LTD.	Employer identification number (if any)
Address (Enter number, street, city or town, and country.) CLARENDON HOUSE, 2 CHURCH STREET HAMILTON BD HM 11	Reference ID number (see instructions)
	Tax year of foreign corporation, PFIC, or QEF: calendar year or other tax year beginning 01/01/2019 and ending 12/31/2019

Part I Summary of Annual Information (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: CLASS A
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: _____
- 3 Number of shares held at the end of the tax year: _____
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):
 (a) \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 (d) \$150,001-200,000
 (e) If more than \$200,000, list value: 1,650,327
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):
 (a) Section 1291 \$ _____
 (b) Section 1293 (Qualified Electing Fund) \$ _____
 (c) Section 1296 (Mark to Market) \$ _____

Part II Elections (see instructions)

- A **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

FORM 8621, STOCK OWNERSHIP STATEMENT

CLASS OF STOCK	BEGINNING SHARES	SHARE CHANGES	DATE OF CHANGE	ENDING SHARES
CLASS A				

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2019

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2019, and ending 12/31/2019

Attachment Sequence No. 118

Name of person filing this return: LIGHTHOUSE GUILD INTERNATIONAL, INC. Filer's identification number: 46-4215298

Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 [] 2 [] 3 [X] 4 [] B Filer's tax year beginning 01/01/2019, and ending 12/31/2019

C Filer's share of liabilities: Nonrecourse \$ 105,950. Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions. F Information about certain other partners (see instructions)

Table with 4 columns: (1) Name, (2) Address, (3) Identification number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership: SAIF PARTNERS INDIA VI LIMITED, IFS COURT, BANK STREET, TWENTYEIGHT CYBERCITY, EBENE MP, 72201. 2(a) EIN (if any): 98-1373448. 2(b) Reference ID number (see instructions). 3 Country under whose laws organized: MP

4 Date of organization: 06/21/2017. 5 Principal place of business: MP. 6 Principal business activity code number: 523900. 7 Principal business activity: INVESTING. 8a Functional currency: USD. 8b Exchange rate (see instructions)

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States: NONE. 2 Check if the foreign partnership must file: [] Form 1042 [] Form 8804 [] Form 1065. Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any: NONE. 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different: SAIF PARTNERS INDIA VI LIMITED, IFS COURT, BANK STREET, TWENTYEIGHT CYBERCITY, EBENE MP, 72201

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. [] Yes [X] No. If "Yes," enter the total amount of the disallowed deductions \$

6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? [] Yes [X] No. 7 Were any special allocations made by the foreign partnership? [X] Yes [] No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions. 9 How is this partnership classified under the law of the country in which it's organized? EXEMPTED LIMITED PARTNERSHIP

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b. [] Yes [] No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? [] Yes [] No

11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. [] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2019)

Schedule B Income Statement - Trade or Business Income *

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with columns for Income, Deductions, and Tax and Payment. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4 Ordinary income, 5 Net farm profit, 6 Net gain, 7 Other income, 8 Total income, 9 Salaries and wages, 10 Guaranteed payments to partners, 11 Repairs and maintenance, 12 Bad debts, 13 Rent, 14 Taxes and licenses, 15 Interest, 16a Depreciation, 16b Less depreciation, 17 Depletion, 18 Retirement plans, 19 Employee benefit programs, 20 Other deductions, 21 Total deductions, 22 Ordinary business income, 23-30 Reserved for future use.

Schedule K Partners' Distributive Share Items

Total amount

Table with columns for Income (Loss) and Deductions. Rows include: 1 Ordinary business income, 2 Net rental real estate income, 3a Other gross rental income, 3b Expenses from other rental activities, 3c Other net rental income, 4 Guaranteed payments (a Services, b Capital), 5 Interest income, 6 Dividends and dividend equivalents, 7 Royalties, 8 Net short-term capital gain, 9a Net long-term capital gain, 9b Collectibles gain, 9c Unrecaptured section 1250 gain, 10 Net section 1231 gain, 11 Other income, 12 Section 179 deduction, 13a Contributions, 13b Investment interest expense, 13c(2) Section 59(e)(2) expenditures, 13d Other deductions.

Schedule K Partners' Distributive Share Items (continued)		Total amount	
Self-Employment	14a Net earnings (loss) from self-employment.	14a	
	b Gross farming or fishing income.	14b	
	c Gross nonfarm income.	14c	
Credits	15a Low-income housing credit (section 42(j)(5)).	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶ _____	15d	
	e Other rental credits (see instructions) Type ▶ _____	15e	
	f Other credits (see instructions) Type ▶ _____	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶ _____		
	b Gross income from all sources.	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Reserved for future use ▶ _____ e Foreign branch category. ▶	16e	
	f Passive category ▶ _____ g General category ▶ _____ h Other (attach statement) ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ _____ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Reserved for future use ▶ _____ l Foreign branch category. ▶	16l	
	m Passive category ▶ _____ n General category ▶ _____ o Other (attach statement) ▶	16o	
	p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
	r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment.	17a	
	b Adjusted gain or loss.	17b	
	c Depletion (other than oil and gas).	17c	
	d Oil, gas, and geothermal properties - gross income.	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses.	18c	
	19a Distributions of cash and marketable securities.	19a	
	b Distributions of other property.	19b	
	20a Investment income.	20a	
	b Investment expenses.	20b	
	c Other items and amounts (attach statement)		

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")				
Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations.				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation.				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.") (continued)

Table with 4 columns: (a) Beginning of tax year, (b) Beginning of tax year, (c) End of tax year, (d) End of tax year. Rows include: 13 Other assets, 14 Total assets, Liabilities and Capital, 15 Accounts payable, 16 Mortgages, notes, bonds payable in less than 1 year, 17 Other current liabilities, 18 All nonrecourse loans, 19 a Loans from partners, b Mortgages, notes, bonds payable in 1 year or more, 20 Other liabilities, 21 Partners' capital accounts, 22 Total liabilities and capital.

Schedule M Balance Sheets for Interest Allocation

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include: 1 Total U.S. assets, 2 Total foreign assets: a Passive category, b General category, c Other (attach statement).

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: Description, Amount. Rows include: 1 Net income (loss) per books, 2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this tax year (itemize): \$, 3 Guaranteed payments (other than health insurance), 4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize): a Depreciation \$, b Travel and entertainment \$, 5 Add lines 1 through 4, 6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest \$, 7 Deductions included on Schedule K, lines 1 through 13d, and 16p not charged against book income this tax year (itemize): a Depreciation \$, 8 Add lines 6 and 7, 9 Income (loss). Subtract line 8 from line 5.

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: Description, Amount. Rows include: 1 Balance at beginning of tax year, 2 Capital contributed: a Cash, b Property, 3 Net income (loss) per books, 4 Other increases (itemize): \$, 5 Add lines 1 through 4, 6 Distributions: a Cash, b Property, 7 Other decreases (itemize): \$, 8 Add lines 6 and 7, 9 Balance at end of tax year. Subtract line 8 from line 5.

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions.				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions.				

SCHEDULE O
(Form 8865)

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor LIGHTHOUSE GUILD INTERNATIONAL, INC.		Filer's identifying number 46-4215298
Name of foreign partnership SAIF PARTNERS INDIA VI LIMITED	EIN (if any) 98-1373448	Reference ID number (see instructions)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions **Yes** **No**
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? . . . **Yes** **No**
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? **Yes** **No**

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/03/2019		510,925.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			510,925.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? **Yes** **No**

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2019

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2019

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2019, and ending 12/31/2019

Attachment Sequence No. 118

Name of person filing this return: LIGHTHOUSE GUILD INTERNATIONAL, INC. Filer's identification number: 46-4215298

Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 [] 2 [] 3 [X] 4 [] B Filer's tax year beginning 01/01/2019, and ending 12/31/2019

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions. []

F Information about certain other partners (see instructions) Table with columns: (1) Name, (2) Address, (3) Identification number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership: LC FUND VII, L.P., P.O. BOX 309, UGLAND HOUSE, GRAND CAYMAN, KY1-1104. 2(a) EIN (if any): 98-1286224. 2(b) Reference ID number (see instructions). 3 Country under whose laws organized: CJ

4 Date of organization: 12/09/2015. 5 Principal place of business: CJ. 6 Principal business activity code number: 525990. 7 Principal business activity: INVESTMENTS. 8a Functional currency: US DOLLAR. 8b Exchange rate (see instructions)

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States. 2 Check if the foreign partnership must file: [] Form 1042, [] Form 8804, [X] Form 1065. Service Center where Form 1065 is filed: OGDEN

3 Name and address of foreign partnership's agent in country of organization, if any: MAPLES CORPORATE SERVICES LIMITED, P.O. BOX 309, UGLAND HOUSE, GRAND CAYMAN, CJ, KY1-1104. 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different: C/O LEGEND CAPITAL MANAGEMENT LIMITED, SUITES 2701-3, ONE EXCHANGE SQUARE, CENTRAL, HONG KONG, CH

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. [] Yes, [X] No. If "Yes," enter the total amount of the disallowed deductions \$. 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? [] Yes, [X] No. 7 Were any special allocations made by the foreign partnership? [X] Yes, [] No. 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions . 9 How is this partnership classified under the law of the country in which it's organized? [] LIMITED PARTNERSHIP. 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b. [] Yes, [] No. b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? [] Yes, [] No. 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. [] Yes, [] No. If "Yes," don't complete Schedules L, M-1, and M-2.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2019)

Schedule B Income Statement - Trade or Business Income *

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with columns for Income, Deductions, and Tax and Payment. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4 Ordinary income, 5 Net farm profit, 6 Net gain, 7 Other income, 8 Total income, 9 Salaries and wages, 10 Guaranteed payments to partners, 11 Repairs and maintenance, 12 Bad debts, 13 Rent, 14 Taxes and licenses, 15 Interest, 16a Depreciation, 16b Less depreciation, 17 Depletion, 18 Retirement plans, 19 Employee benefit programs, 20 Other deductions, 21 Total deductions, 22 Ordinary business income, 23-30 Reserved for future use.

Schedule K Partners' Distributive Share Items

Total amount

Table with columns for Income (Loss) and Deductions. Rows include: 1 Ordinary business income, 2 Net rental real estate income, 3a Other gross rental income, 3b Expenses from other rental activities, 3c Other net rental income, 4 Guaranteed payments (a Services, b Capital), 5 Interest income, 6 Dividends and dividend equivalents, 7 Royalties, 8 Net short-term capital gain, 9a Net long-term capital gain, 9b Collectibles gain, 9c Unrecaptured section 1250 gain, 10 Net section 1231 gain, 11 Other income, 12 Section 179 deduction, 13a Contributions, 13b Investment interest expense, 13c(2) Section 59(e)(2) expenditures, 13d Other deductions.

Schedule K Partners' Distributive Share Items (continued)		Total amount	
Self-Employment	14a Net earnings (loss) from self-employment.	14a	
	b Gross farming or fishing income.	14b	
	c Gross nonfarm income.	14c	
Credits	15a Low-income housing credit (section 42(j)(5)).	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶ _____	15d	
	e Other rental credits (see instructions) Type ▶ _____	15e	
	f Other credits (see instructions) Type ▶ _____	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶ _____		
	b Gross income from all sources.	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Reserved for future use ▶ _____ e Foreign branch category. ▶	16e	
	f Passive category ▶ _____ g General category ▶ _____ h Other (attach statement) ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ _____ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Reserved for future use ▶ _____ l Foreign branch category. ▶	16l	
	m Passive category ▶ _____ n General category ▶ _____ o Other (attach statement) ▶	16o	
	p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
	r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment.	17a	
	b Adjusted gain or loss.	17b	
	c Depletion (other than oil and gas).	17c	
	d Oil, gas, and geothermal properties - gross income.	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses.	18c	
	19a Distributions of cash and marketable securities.	19a	
	b Distributions of other property.	19b	
	20a Investment income.	20a	
	b Investment expenses.	20b	
	c Other items and amounts (attach statement)		

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations.				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation.				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.") (continued)

Table with 4 columns: (a) Beginning of tax year, (b) Beginning of tax year, (c) End of tax year, (d) End of tax year. Rows include: 13 Other assets, 14 Total assets, Liabilities and Capital, 15 Accounts payable, 16 Mortgages, notes, bonds payable in less than 1 year, 17 Other current liabilities, 18 All nonrecourse loans, 19 a Loans from partners, b Mortgages, notes, bonds payable in 1 year or more, 20 Other liabilities, 21 Partners' capital accounts, 22 Total liabilities and capital.

Schedule M Balance Sheets for Interest Allocation

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include: 1 Total U.S. assets, 2 Total foreign assets: a Passive category, b General category, c Other (attach statement).

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include: 1 Net income (loss) per books, 2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this tax year (itemize): \$, 3 Guaranteed payments (other than health insurance), 4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize): a Depreciation \$, b Travel and entertainment \$, 5 Add lines 1 through 4, 6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest \$, 7 Deductions included on Schedule K, lines 1 through 13d, and 16p not charged against book income this tax year (itemize): a Depreciation \$, 8 Add lines 6 and 7, 9 Income (loss). Subtract line 8 from line 5.

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include: 1 Balance at beginning of tax year, 2 Capital contributed: a Cash, b Property, 3 Net income (loss) per books, 4 Other increases (itemize): \$, 5 Add lines 1 through 4, 6 Distributions: a Cash, b Property, 7 Other decreases (itemize): \$, 8 Add lines 6 and 7, 9 Balance at end of tax year. Subtract line 8 from line 5.

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.) . . .				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.) . . .				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18 . . .				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions.				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions.				

SCHEDULE O
(Form 8865)

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.
▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor LIGHTHOUSE GUILD INTERNATIONAL INC.		Filer's identifying number 46-4215298
Name of foreign partnership LC FUND VII, L.P.	EIN (if any) 98-1286224	Reference ID number (see instructions)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? . . . Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	08/30/2019		248,735.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			248,735.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer . 661 % (b) After the transfer . 647 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2019

FORM 8865, PAGE 2 DETAIL

SCHEDULE A-3 - AFFILIATION SCHEDULE

<u>NAME</u>	<u>ADDRESS</u>	<u>ID NUMBER</u>	<u>TOTAL ORDINARY INCOME OR LOSS</u>	<u>FOR PSHP</u>
MELODY PEACE LIMITED	27/F ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1350104		X
SKILL FAME LIMITED	27/F, ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1349820		X
CREST WIT LIMITED	27/F, ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1416134		X
VISION ALLIANCE LLC	27/F, ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1478498		X
WORTH SUCCESS LIMITED	27/F, ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1416127		X

FORM 8865, PAGE 2 DETAIL

SCHEDULE A-3 - AFFILIATION SCHEDULE

<u>NAME</u>	<u>ADDRESS</u>	<u>ID NUMBER</u>	<u>TOTAL ORDINARY INCOME OR LOSS</u>	<u>FOR PSHP</u>
WELL CREDIT LIMITED	27/F, ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1349800		X
SINO GLOW LIMITED	27/F, ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1478511		X
GOOD SPIRIT LIMITED	27/F, ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1478501		X
WELL ALIKE LIMITED	27/F, ONE EXCHANGE SQUARE CENTRAL HONG KONG CH	98-1235157		X

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2019

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2019, and ending 12/31/2019

Attachment Sequence No. 118

Name of person filing this return: LIGHTHOUSE GUILD INTERNATIONAL, INC. Filer's identification number: 46-4215298

Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 [] 2 [] 3 [X] 4 [] B Filer's tax year beginning 01/01/2019, and ending 12/31/2019

C Filer's share of liabilities: Nonrecourse \$ 6,542. Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions. []

F Information about certain other partners (see instructions)

Table with 4 columns: (1) Name, (2) Address, (3) Identification number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership: KEROGEN EXPANSION FUND, L.P. CAYMAN CORPORATE CENTRE, 27 HOSPITAL ROAD GEORGE TOWN, GRAND CAYMAN CJ, KY1-9008 2(a) EIN (if any): 98-1381249 2(b) Reference ID number (see instructions) 3 Country under whose laws organized: CJ

4 Date of organization: 03/30/2017 5 Principal place of business: CJ 6 Principal business activity code number: 551112 7 Principal business activity: INVESTMENT HOLDING 8a Functional currency: USD 8b Exchange rate (see instructions)

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States: N/A 2 Check if the foreign partnership must file: [] Form 1042 [] Form 8804 [] Form 1065 Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any: WALKERS CORPORATE LIMITED CAYMAN CORPORATE CENTRE, 27 HOSPITAL ROAD GEORGE TOWN, GRAND CAYMAN CJ, KY1-9008 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different: SS&C PRIVATE EQUITY SERVICES, ASIA SUITE 706-7, CENTRAL PLAZA, 18 HARBOUR ROAD HONG KONG, WANCHAI CH

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions [] Yes [X] No If "Yes," enter the total amount of the disallowed deductions \$

6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? [] Yes [X] No

7 Were any special allocations made by the foreign partnership? [X] Yes [] No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions 2

9 How is this partnership classified under the law of the country in which it's organized? PARTNERSHIP

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b. [] Yes [] No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? [] Yes [] No

11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2. [] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2019)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) _____
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI. _____
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI. _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions. Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member _____ Date _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN			
Firm's address	Phone no.			

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

- a Owns a direct interest
- b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1

Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2

Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
					%	%
					%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3

Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
ATTACHMENT 1				

Schedule B Income Statement - Trade or Business Income *

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with columns for Income, Deductions, and Tax and Payment. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4 Ordinary income, 5 Net farm profit, 6 Net gain, 7 Other income, 8 Total income, 9 Salaries and wages, 10 Guaranteed payments to partners, 11 Repairs and maintenance, 12 Bad debts, 13 Rent, 14 Taxes and licenses, 15 Interest, 16a Depreciation, 16b Less depreciation, 17 Depletion, 18 Retirement plans, 19 Employee benefit programs, 20 Other deductions, 21 Total deductions, 22 Ordinary business income, 23-30 Reserved for future use.

Schedule K Partners' Distributive Share Items

Table with columns for Income (Loss) and Deductions. Rows include: 1 Ordinary business income, 2 Net rental real estate income, 3a Other gross rental income, 3b Expenses from other rental activities, 3c Other net rental income, 4 Guaranteed payments (a Services, b Capital), 5 Interest income, 6 Dividends and dividend equivalents, 7 Royalties, 8 Net short-term capital gain, 9a Net long-term capital gain, 9b Collectibles gain, 9c Unrecaptured section 1250 gain, 10 Net section 1231 gain, 11 Other income, 12 Section 179 deduction, 13a Contributions, 13b Investment interest expense, 13c(2) Section 59(e)(2) expenditures, 13d Other deductions.

Schedule K Partners' Distributive Share Items (continued)		Total amount	
Self-Employment	14a Net earnings (loss) from self-employment.	14a	
	b Gross farming or fishing income.	14b	
	c Gross nonfarm income.	14c	
Credits	15a Low-income housing credit (section 42(j)(5)).	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶ _____	15d	
	e Other rental credits (see instructions) Type ▶ _____	15e	
	f Other credits (see instructions) Type ▶ _____	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶ _____		
	b Gross income from all sources.	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Reserved for future use ▶ _____ e Foreign branch category. ▶	16e	
	f Passive category ▶ _____ g General category ▶ _____ h Other (attach statement) ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ _____ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Reserved for future use ▶ _____ l Foreign branch category. ▶	16l	
	m Passive category ▶ _____ n General category ▶ _____ o Other (attach statement) ▶	16o	
	p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
	r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment.	17a	
	b Adjusted gain or loss.	17b	
	c Depletion (other than oil and gas).	17c	
	d Oil, gas, and geothermal properties - gross income.	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses.	18c	
	19a Distributions of cash and marketable securities.	19a	
	b Distributions of other property.	19b	
	20a Investment income.	20a	
	b Investment expenses.	20b	
	c Other items and amounts (attach statement)		

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations.				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation.				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.") (continued)

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
13 Other assets (attach statement) . . .				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement) . .				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets		
2 Total foreign assets:		
a Passive category		
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H11, page 1, is answered "Yes.")

1 Net income (loss) per books . .		6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this tax year (itemize): \$ _____		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16p not charged against book income this tax year (itemize):	
4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____			
b Travel and entertainment \$ _____		8 Add lines 6 and 7.	
5 Add lines 1 through 4.		9 Income (loss). Subtract line 8 from line 5	

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H11, page 1, is answered "Yes.")

1 Balance at beginning of tax year		6 Distributions: a Cash	
2 Capital contributed:		b Property.	
a Cash		7 Other decreases (itemize): \$ _____	
b Property			
3 Net income (loss) per books . .		8 Add lines 6 and 7.	
4 Other increases (itemize): \$ _____		9 Balance at end of tax year. Subtract line 8 from line 5	
5 Add lines 1 through 4.			

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions.				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions.				

SCHEDULE O
(Form 8865)

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.
▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor LIGHTHOUSE GUILD INTERNATIONAL, INC.		Filer's identifying number 46-4215298
Name of foreign partnership KEROGEN EXPANSION FUND, L.P.	EIN (if any) 98-1381249	Reference ID number (see instructions)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	11/30/2019		394,635.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			394,635.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer **1.200 %** (b) After the transfer **1.200 %**

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2019

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

(Rev. December 2018)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)

beginning 01/01/2019 , and ending 12/31/2019

Attachment
Sequence No. **140**

Name of person filing this return
LIGHTHOUSE GUILD INTERNATIONAL, INC. Filer's identifying number
46-4215298

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
250 WEST 64TH ST

City or town, state, and ZIP code
NEW YORK, NY 10023

Filer's tax year beginning 01/01/2019 , and ending 12/31/2019

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

Check here	<input type="checkbox"/>	FDE of a U.S. person	<input type="checkbox"/>	FDE of a controlled foreign corporation (CFC)	<input checked="" type="checkbox"/>	FDE of a controlled foreign partnership
	<input type="checkbox"/>	FB of a U.S. person	<input type="checkbox"/>	FB of a CFC	<input type="checkbox"/>	FB of a controlled foreign partnership

Check here	<input type="checkbox"/>	Initial 8858	<input type="checkbox"/>	Final 8858
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1a Name and address of FDE or FB KEROGEN INVESTMENTS NO. 28B HOLDING LI 171 MAIN STREET ROAD TOWN, TORTOLA VI, VG1110	b(1) U.S. identifying number, if any 98-1411550
	b(2) Reference ID number (see instructions)

c For FDE, country(ies) under whose laws organized and entity type under local tax law VI CORPORATION	d Date(s) of organization 09/18/2017	e Effective date as FDE 09/18/2017
--	---	---

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number N/A	g Country in which principal business activity is conducted VI	h Principal business activity INVESTMENT HOLD	i Functional currency USD
--	---	--	--

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States N/A	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different SS&C PRIVATE EQUITY SERVICES ASIA SUITE 706-7, CENTRAL PLAZA, 18 HARBOUR ROA HONG KONG, WANCHAI CH
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address KEROGEN EXPANSION FUND, L.P. CAYMAN CORPORATE CENTRE, 27 HOSPITAL ROAD GEORGE TOWN, GRAND CAYMAN CJ, KY1-9008	b Annual accounting period covered by the return (see instructions) 01/01/2019 12/31/2019
	c(1) U.S. identifying number, if any 98-1381249
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized CJ
	e Functional currency USD

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

ATTACHMENT 2

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Schedule C-1 Section 987 Gain or Loss Information

Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
1			
2			
3			
4			
5			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets		
2	Other assets		
3	Total assets		
Liabilities and Owner's Equity			
4	Liabilities		
5	Owner's equity		
6	Total liabilities and owner's equity		

Schedule G Other Information

	Yes	No
1		X
2		X
3		
4		
5		X
		X

Schedule G Other Information (continued)

	Yes	No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
b If "Yes," enter the amount of the dual consolidated loss ▶ \$ (_____)		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ (_____)		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). ▶ \$ _____		
12a Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ See instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture ▶ \$ _____ See instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	9,102,810.
2	Total net additions ATTACHMENT 3	2	
3	Total net subtractions	3	9,104,730.
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	-1,920.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5.	6	-1,920.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-1,920.
8	Enter exchange rate used for line 7 ▶ 1.000000000000		

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

	Yes	No
1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		
2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4 Enter the transferred loss amount included in gross income as required under section 91. See instructions		4

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
Totals							

**SCHEDULE M
(Form 8858)**

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 LIGHTHOUSE GUILD INTERNATIONAL, INC.		Identifying number 46-4215298
Name of FDE or FB KEROGEN INVESTMENTS NO. 28B HOLD	U.S. identifying number, if any 98-1411550	Reference ID number (see instructions)
Name of tax owner KEROGEN EXPANSION FUND, L.P.	U.S. identifying number, if any 98-1381249	

Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **USD** 1.000000000000

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input checked="" type="checkbox"/> Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain services					
14 Commissions paid					
15 Rents, royalties, and license fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see instructions)					
19 Amounts loaned (see instructions)					

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

(Rev. December 2018)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)
beginning 01/01/2019, and ending 12/31/2019

Attachment
Sequence No. **140**

Name of person filing this return LIGHTHOUSE GUILD INTERNATIONAL, INC.	Filer's identifying number 46-4215298
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 250 WEST 64TH ST	
City or town, state, and ZIP code NEW YORK, NY 10023	
Filer's tax year beginning 01/01/2019, and ending 12/31/2019	

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	FDE of a U.S. person <input checked="" type="checkbox"/>	FDE of a controlled foreign corporation (CFC) <input type="checkbox"/>	FDE of a controlled foreign partnership <input type="checkbox"/>
	FB of a U.S. person <input type="checkbox"/>	FB of a CFC <input type="checkbox"/>	FB of a controlled foreign partnership <input type="checkbox"/>

Check here	Initial 8858 <input type="checkbox"/>	Final 8858 <input type="checkbox"/>
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1a Name and address of FDE or FB KEROGEN INVESTMENTS NO. 28B (UK) LIMIT 6TH FLOOR, 50 PALL MALL ST JAMES' LONDON, UK, SW1Y 5JH	b(1) U.S. identifying number, if any 98-1411213
	b(2) Reference ID number (see instructions)
c For FDE, country(ies) under whose laws organized and entity type under local tax law UK CORPORATION	d Date(s) of organization 11/23/2017
	e Effective date as FDE 11/23/2017
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number N/A	g Country in which principal business activity is conducted UK
	h Principal business activity INVESTMENT HOLD
	i Functional currency

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States N/A	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different SS&C PRIVATE EQUITY SERVICES ASIA SUITE 706-7, CENTRAL PLAZA, 18 HARBOUR ROA HONG KONG, WANCHAI CH
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address KEROGEN EXPANSION FUND, L.P. CAYMAN CORPORATE CONTRE, 27 HOSPITAL ROAD GEORGE TOWN, GRAND CAYMAN CJ, KY1-9008	b Annual accounting period covered by the return (see instructions) 01/01/2019 12/31/2019
	c(1) U.S. identifying number, if any 98-1381249
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized CJ
	e Functional currency USD

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address KEROGEN INVESTMENTS NO. 28B HOLDING LIMITED 171 MAIN STEET ROAD TOWN, TORTOLA VI, VG1110	b Country under whose laws organized VI
	c U.S. identifying number, if any 98-1411550
	d Functional currency USD

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

ATTACHMENT 4

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1 Gross receipts or sales (net of returns and allowances)	1	
2 Cost of goods sold	2	
3 Gross profit (subtract line 2 from line 1)	3	
4 Dividends	4	
5 Interest	5	
6 Gross rents, royalties, and license fees	6	
7 Gross income from performance of services	7	
8 Foreign currency gain (loss)	8	
9 Other income	9	
10 Total income (add lines 3 through 9)	10	
11 Total deductions (exclude income tax expense)	11	
12 Income tax expense	12	
13 Other adjustments	13	
14 Net income (loss) per books	14	

Schedule C-1 Section 987 Gain or Loss Information

Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient
1 Remittances from the FDE or FB	1	
2 Section 987 gain (loss) recognized by recipient	2	
3 Section 987 gain (loss) deferred under Regulations section 1.987-12T (attach statement)	3	
		Yes No
4 Were all remittances from the FDE or FB treated as made to the direct owner?		
5 Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the FDE or FB during the tax year? If "Yes," attach a statement describing the method used prior to the change and new method of accounting		

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets	(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1	
2 Other assets	2	
3 Total assets	3	
Liabilities and Owner's Equity		
4 Liabilities	4	
5 Owner's equity	5	
6 Total liabilities and owner's equity	6	

Schedule G Other Information

	Yes	No
1 During the tax year, did the FDE or FB own an interest in any trust?		X
2 During the tax year, did the FDE or FB own at least a 10% interest, directly or indirectly, in any foreign partnership?		X
3 Answer the following question only if the FDE made its election to be treated as disregarded from its owner during the tax year. Did the tax owner claim a loss with respect to stock or debt of the FDE as a result of the election?		
4 During the tax year, did the FDE or FB pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
5 During the tax year, did the FDE or FB pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X
		X

Schedule G Other Information (continued)

	Yes	No
6a During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
7a During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b Enter the total amount of the base erosion payments \$ _____		
c Enter the total amount of the base erosion tax benefit \$ _____		
8 Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9 Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
b If "Yes," enter the amount of the dual consolidated loss ▶ \$ (_____)		
11a If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ (_____)		
c Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). ▶ \$ _____		
12a Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ See instructions.		
13a During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b If "Yes," enter the total amount of recapture ▶ \$ _____ See instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	9,136,992.
2	Total net additions ATTACHMENT 5	2	
3	Total net subtractions	3	9,158,582.
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	-21,590.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5.	6	-21,590.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-21,590.
8	Enter exchange rate used for line 7 ▶ 1.000000000000		

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

	Yes	No
1 Were any assets of an FB (including an FB that is an FDE) transferred to a foreign corporation? If "No," stop here. If "Yes," go to line 2		
2 Was the transferor a domestic corporation that transferred substantially all of the assets of an FB (including an FB that is an FDE) to a specified 10%-owned foreign corporation? If "No," stop here. If "Yes," go to line 3		
3 Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "No," stop here. If "Yes," go to line 4		
4 Enter the transferred loss amount included in gross income as required under section 91. See instructions		4

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
Totals							

**SCHEDULE M
(Form 8858)**

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 LIGHTHOUSE GUILD INTERNATIONAL, INC.		Identifying number 46-4215298
Name of FDE or FB KEROGEN INVESTMENTS NO. 28B (UK)	U.S. identifying number, if any 98-1411213	Reference ID number (see instructions)
Name of tax owner KEROGEN EXPANSION FUND, L.P.	U.S. identifying number, if any 98-1381249	

Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **USD** 1.000000000000

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input checked="" type="checkbox"/> Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain services					
14 Commissions paid					
15 Rents, royalties, and license fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see instructions)					
19 Amounts loaned (see instructions)					

FORM 8865, PAGE 2 DETAIL

SCHEDULE A-3 - AFFILIATION SCHEDULE

<u>NAME</u>	<u>ADDRESS</u>	<u>ID NUMBER</u>	<u>TOTAL ORDINARY INCOME OR LOSS</u>	<u>FOR PSHP</u>
KEROGEN FUND II INVESTMENT HOLDING LIMITED C/O INTERTRUST CORPORATE SERVICES LIMITED	191 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	98-1244541		X
KEROGEN II INVESTMENTS NO. 18 HOLDING LIMITED C/O INTERTRUST CORPORATE SERVICES LIMITED	171 MAIN STREET ROAD TOWN TORTOLA VI VG1110	98-1312673		X

KEROGEN INVESTMENTS NO. 28B HOLDING LIMITED
FORM 8858, PAGE 1 DETAIL

ATTACHMENT 2

LINE 5 - ORGANIZATIONAL CHART

ENTITY NAME LINE 1: KEROGEN INVESTMENTS NO. 28B HOLDING LIMITED

% OF OWNERSHIP: 100.000

PLACEMENT OR POSITION:

TAX & DIRECTLY OWNED BY KEROGEN EXPANSION FUND, L.P.

TAX CLASSIFICATION:

CORPORATION TREATED AS DISREGARDED ENTITY FOR U.S. FEDERAL INCOME

TAX PURPOSES

ATTACHMENT 3

SCH H: LINES 2 AND 3 - ADJUSTMENTS TO BOOK INCOME

	<u>ADDITIONS</u>	<u>SUBTRACTIONS</u>
UNREALIZED GAIN/LOSS		9,104,730.
TOTAL		<u>9,104,730.</u>

KEROGEN INVESTMENTS NO. 28B (UK) LIMITED
FORM 8858, PAGE 1 DETAIL

ATTACHMENT 4

LINE 5 - ORGANIZATIONAL CHART

ENTITY NAME LINE 1: KEROGEN INVESTMENTS NO. 28B (UK) LIMITED

% OF OWNERSHIP: 100.000

PLACEMENT OR POSITION:

TAX OWNED BY KEROGEN EXPANSION FUND, L.P.

DIRECTLY OWNED BY KEROGEN INVESTMENTS NO. 28B HOLDING LIMITED

TAX CLASSIFICATION:

CORPORATION TREATED AS DISREGARDED ENTITY FOR U.S. FEDERAL INCOME

TAX PURPOSES

ATTACHMENT 5

SCH H: LINES 2 AND 3 - ADJUSTMENTS TO BOOK INCOME

	<u>ADDITIONS</u>	<u>SUBTRACTIONS</u>
UNREALIZED GAIN/LOSS		9,158,582.
TOTAL		<u>9,158,582.</u>

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2019

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2019, and ending 12/31/2019

Attachment Sequence No. 118

Name of person filing this return: LIGHTHOUSE GUILD INTERNATIONAL, INC. Filer's identification number: 46-4215298

Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 [] 2 [] 3 [X] 4 [] B Filer's tax year beginning 01/01/2019, and ending 12/31/2019

C Filer's share of liabilities: Nonrecourse \$ 119. Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions. []

F Information about certain other partners (see instructions)

Table with 4 columns: (1) Name, (2) Address, (3) Identification number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership: KEROGEN FUND II INVESTMENTS HOLDING LIMITED, 190 ELGIN AVENUE, GEORGE TOWN, GRAND CAYMAN, CJ, KY1-9005. 2(a) EIN (if any): 98-1244541. 2(b) Reference ID number (see instructions). 3 Country under whose laws organized: CJ

4 Date of organization: 02/25/2015. 5 Principal place of business: CJ. 6 Principal business activity code number: 551112. 7 Principal business activity: INVESTMENT HOLDING. 8a Functional currency: USD. 8b Exchange rate (see instructions)

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States: N/A. 2 Check if the foreign partnership must file: [] Form 1042 [] Form 8804 [] Form 1065. Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any: INTERTRUST CORPORATE SERVICES (CAYMAN) LIMITE, 190 ELGIN AVENUE, GEORGE TOWN, GRAND CAYMAN, CJ, KY1-9005. 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different: SS&C PRIVATE EQUITY SERVICES, ASIA, SUITE 706-7, CENTRAL PLAZA, 18 HARBOUR ROAD, HONG KONG, WANCHAI, CH

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. [] Yes [X] No. If "Yes," enter the total amount of the disallowed deductions \$. 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? [] Yes [X] No. 7 Were any special allocations made by the foreign partnership? [X] Yes [] No. 8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions. 9 How is this partnership classified under the law of the country in which it's organized? CORPORATION. 10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b. [] Yes [] No. b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? [] Yes [] No. 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. [] Yes [] No. If "Yes," don't complete Schedules L, M-1, and M-2.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2019)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) _____
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI. _____
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI. _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions. Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member _____ Date _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a Owns a direct interest b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner
ATTACHMENT 1				

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
					%	%
					%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
ATTACHMENT 2				

Schedule B Income Statement - Trade or Business Income *

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with columns for Income, Deductions, and Tax and Payment. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4 Ordinary income, 5 Net farm profit, 6 Net gain, 7 Other income, 8 Total income, 9 Salaries and wages, 10 Guaranteed payments to partners, 11 Repairs and maintenance, 12 Bad debts, 13 Rent, 14 Taxes and licenses, 15 Interest, 16a Depreciation, 16b Less depreciation, 17 Depletion, 18 Retirement plans, 19 Employee benefit programs, 20 Other deductions, 21 Total deductions, 22 Ordinary business income, 23-30 Reserved for future use.

Schedule K Partners' Distributive Share Items

Total amount

Table with columns for Income (Loss) and Deductions. Rows include: 1 Ordinary business income, 2 Net rental real estate income, 3a Other gross rental income, 3b Expenses from other rental activities, 3c Other net rental income, 4 Guaranteed payments (a Services, b Capital), 5 Interest income, 6 Dividends and dividend equivalents, 7 Royalties, 8 Net short-term capital gain, 9a Net long-term capital gain, 9b Collectibles gain, 9c Unrecaptured section 1250 gain, 10 Net section 1231 gain, 11 Other income, 12 Section 179 deduction, 13a Contributions, 13b Investment interest expense, 13c(2) Section 59(e)(2) expenditures, 13d Other deductions.

Schedule K Partners' Distributive Share Items (continued)		Total amount	
Self-Employment	14a Net earnings (loss) from self-employment.	14a	
	b Gross farming or fishing income.	14b	
	c Gross nonfarm income.	14c	
Credits	15a Low-income housing credit (section 42(j)(5)).	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶ _____	15d	
	e Other rental credits (see instructions) Type ▶ _____	15e	
	f Other credits (see instructions) Type ▶ _____	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶ _____		
	b Gross income from all sources.	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Reserved for future use ▶ _____ e Foreign branch category. ▶	16e	
	f Passive category ▶ _____ g General category ▶ _____ h Other (attach statement) ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ _____ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Reserved for future use ▶ _____ l Foreign branch category. ▶	16l	
	m Passive category ▶ _____ n General category ▶ _____ o Other (attach statement) ▶	16o	
	p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
r Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment.	17a	
	b Adjusted gain or loss.	17b	
	c Depletion (other than oil and gas).	17c	
	d Oil, gas, and geothermal properties - gross income.	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses.	18c	
	19a Distributions of cash and marketable securities.	19a	
	b Distributions of other property.	19b	
	20a Investment income.	20a	
	b Investment expenses.	20b	
	c Other items and amounts (attach statement)		

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")				
Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations.				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation.				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.") (continued)

Table with 4 columns: (a) Beginning of tax year, (b) Beginning of tax year, (c) End of tax year, (d) End of tax year. Rows include assets (13-14) and liabilities and capital (15-22).

Schedule M Balance Sheets for Interest Allocation

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include Total U.S. assets (1), Total foreign assets (2), and other categories (a, b, c).

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: Book side (lines 1-5) and Return side (lines 6-9). Rows include net income per books, adjustments, and final reconciliation.

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: Capital side (lines 1-5) and Distributions side (lines 6-9). Rows include balance at beginning, capital contributed, net income, and distributions.

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions.				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions.				

SCHEDULE O
(Form 8865)

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.
▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor LIGHTHOUSE GUILD INTERNATIONAL, INC.		Filer's identifying number 46-4215298
Name of foreign partnership KEROGEN FUND II INVESTMENTS HOLDING LIM	EIN (if any) 98-1244541	Reference ID number (see instructions)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash			257,326.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			257,326.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer . 149 % (b) After the transfer . 217 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2019

LIGHTHOUSE GUILD INTERNATIONAL, INC.
KEROGEN FUND II INVESTMENTS HOLDING LIMITED

46-4215298
ATTACHMENT 1

FORM 8865, PAGE 2 DETAIL

SCHEDULE A - CONSTRUCTIVE OWNERSHIP OF PARTNERSHIP INTEREST

<u>NAME</u>	<u>ADDRESS</u>	<u>ID NUMBER</u>	<u>CHECK IF:</u> <u>FOR PERS</u>	<u>DIR</u>	<u>PTR</u>
LIGHTHOUSE GUILD INTERNATIONAL, INC.	250 WEST 64TH STREET NEW YORK NY 10023	46-4215298			

FORM 8865, PAGE 2 DETAIL

SCHEDULE A-3 - AFFILIATION SCHEDULE

<u>NAME</u>	<u>ADDRESS</u>	<u>ID NUMBER</u>	<u>TOTAL ORDINARY INCOME OR LOSS</u>	<u>FOR PSHP</u>
PLUTUS ENERGY INVESTMENTS HOLDING LIMITED	43/45 LA MOTTE STREET ST HELIER JE JE4 8SD	98-1281296		X

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2019

Department of the Treasury Internal Revenue Service

Attach to your tax return. Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2019, and ending 12/31/2019

Attachment Sequence No. 118

Name of person filing this return: LIGHTHOUSE GUILD INTERNATIONAL, INC. Filer's identification number: 46-4215298

Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 [] 2 [] 3 [X] 4 [] B Filer's tax year beginning 01/01/2019, and ending 12/31/2019

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name EIN Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions. []

F Information about certain other partners (see instructions) Table with columns: (1) Name, (2) Address, (3) Identification number, (4) Check applicable box(es) (Category 1, Category 2, Constructive owner)

G1 Name and address of foreign partnership: CHEQUERS CAPITAL XVII, 5 RUE FRANCOIS 1ER, PARIS, FR, 75008. 2(a) EIN (if any): 98-1379472. 2(b) Reference ID number (see instructions). 3 Country under whose laws organized: FR

4 Date of organization: 07/17/2017. 5 Principal place of business: FR. 6 Principal business activity code number: 523900. 7 Principal business activity: INVESTMENTS. 8a Functional currency: EURO. 8b Exchange rate (see instructions): 0.893233260000

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States: N/A. 2 Check if the foreign partnership must file: [] Form 1042, [] Form 8804, [X] Form 1065. Service Center where Form 1065 is filed: EFILE

3 Name and address of foreign partnership's agent in country of organization, if any: CHEQUERS CAPITAL XVII, 5 RUE FRANCOIS 1ER, PARIS, FR, 75008. 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different: CHEQUERS CAPITAL XVII, 5 RUE FRANCOIS 1ER, PARIS, FR, 75008

5 During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. [] Yes, [X] No. If "Yes," enter the total amount of the disallowed deductions \$

6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? [] Yes, [X] No. 7 Were any special allocations made by the foreign partnership? [] Yes, [X] No

8 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions. 1

9 How is this partnership classified under the law of the country in which it's organized? LIMITED PARTNERSHIP

10a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b. [] Yes, [X] No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? [] Yes, [] No

11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. [] Yes, [X] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2019)

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) _____
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI. _____
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI. _____
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions. Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member _____ Date _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

- a Owns a direct interest
- b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
					%	%
					%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B Income Statement - Trade or Business Income *

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with columns for Income, Deductions, and Tax and Payment. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4 Ordinary income, 5 Net farm profit, 6 Net gain, 7 Other income, 8 Total income, 9 Salaries and wages, 10 Guaranteed payments, 11-15 Various expenses, 16a-16c Depreciation, 17-21 Other deductions, 22 Ordinary business income, 23-30 Reserved for future use.

Schedule K Partners' Distributive Share Items

Table with columns for Income (Loss) and Deductions. Rows include: 1 Ordinary business income, 2 Net rental real estate income, 3a-3c Other gross rental income, 4 Guaranteed payments, 5 Interest income, 6 Dividends, 7 Royalties, 8 Net short-term capital gain, 9a-9c Net long-term capital gain, 10 Net section 1231 gain, 11 Other income, 12 Section 179 deduction, 13a-13d Deductions.

Schedule K Partners' Distributive Share Items (continued)		Total amount	
Self-Employment	14a Net earnings (loss) from self-employment.	14a	
	b Gross farming or fishing income.	14b	
	c Gross nonfarm income.	14c	
Credits	15a Low-income housing credit (section 42(j)(5)).	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶ _____	15d	
	e Other rental credits (see instructions) Type ▶ _____	15e	
	f Other credits (see instructions) Type ▶ _____	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶ _____		
	b Gross income from all sources.	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Reserved for future use ▶ _____ e Foreign branch category. . . . ▶	16e	
	f Passive category ▶ _____ g General category ▶ _____ h Other (attach statement) ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ _____ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Reserved for future use ▶ _____ l Foreign branch category. . . . ▶	16l	
	m Passive category ▶ _____ n General category ▶ _____ o Other (attach statement) ▶	16o	
	p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
	r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment.	17a	
	b Adjusted gain or loss.	17b	
	c Depletion (other than oil and gas).	17c	
	d Oil, gas, and geothermal properties - gross income.	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses.	18c	
	19a Distributions of cash and marketable securities.	19a	
	b Distributions of other property.	19b	
	20a Investment income.	20a	
	b Investment expenses.	20b	
	c Other items and amounts (attach statement)		

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")				
Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations.				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation.				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.") (continued)

Table with 4 columns: (a) Beginning of tax year, (b) Beginning of tax year, (c) End of tax year, (d) End of tax year. Rows include 13 Other assets, 14 Total assets, Liabilities and Capital, 15 Accounts payable, 16 Mortgages, notes, bonds payable in less than 1 year, 17 Other current liabilities, 18 All nonrecourse loans, 19 a Loans from partners, b Mortgages, notes, bonds payable in 1 year or more, 20 Other liabilities, 21 Partners' capital accounts, 22 Total liabilities and capital.

Schedule M Balance Sheets for Interest Allocation

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include 1 Total U.S. assets, 2 Total foreign assets: a Passive category, b General category, c Other (attach statement).

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include 1 Net income (loss) per books, 2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this tax year (itemize): \$, 3 Guaranteed payments (other than health insurance), 4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize): a Depreciation \$, b Travel and entertainment \$, 5 Add lines 1 through 4, 6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest \$, 7 Deductions included on Schedule K, lines 1 through 13d, and 16p not charged against book income this tax year (itemize): a Depreciation \$, 8 Add lines 6 and 7, 9 Income (loss). Subtract line 8 from line 5.

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include 1 Balance at beginning of tax year, 2 Capital contributed: a Cash, b Property, 3 Net income (loss) per books, 4 Other increases (itemize): \$, 5 Add lines 1 through 4, 6 Distributions: a Cash, b Property, 7 Other decreases (itemize): \$, 8 Add lines 6 and 7, 9 Balance at end of tax year. Subtract line 8 from line 5.

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions.				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions.				

SCHEDULE O
(Form 8865)

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ **Attach to Form 8865. See the Instructions for Form 8865.**
▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor LIGHTHOUSE GUILD INTERNATIONAL, INC.		Filer's identifying number 46-4215298
Name of foreign partnership CHEQUERS CAPITAL XVII	EIN (if any) 98-1379472	Reference ID number (see instructions)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions **Yes** **No**
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? . . . **Yes** **No**
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? **Yes** **No**

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	11/22/2019		984,723.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			984,723.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer . 349 % (b) After the transfer . 349 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? **Yes** **No**

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2019

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

(Rev. December 2018)

► Go to www.irs.gov/Form8858 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning 01/01/2019, and ending 12/31/2019

Attachment
Sequence No. **140**

Name of person filing this return LIGHTHOUSE GUILD INTERNATIONAL, INC.	Filer's identifying number 46-4215298
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 250 WEST 64TH ST	
City or town, state, and ZIP code NEW YORK, NY 10023	
Filer's tax year beginning 01/01/2019, and ending 12/31/2019	

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

Check here	FDE of a U.S. person	FDE of a controlled foreign corporation (CFC)	<input checked="" type="checkbox"/>	FDE of a controlled foreign partnership
	FB of a U.S. person	FB of a CFC		FB of a controlled foreign partnership

Check here	Initial 8858	Final 8858
------------	--------------	------------

1a Name and address of FDE or FB CCXVII FINANCE I SAS 5 RUE FRANCOIS 1ER PARIS, FR, 75008	b(1) U.S. identifying number, if any b(2) Reference ID number (see instructions)
--	---

c For FDE, country(ies) under whose laws organized and entity type under local tax law FR JOINT STOCK COMPANY	d Date(s) of organization 01/08/2017	e Effective date as FDE 01/08/2017
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number	g Country in which principal business activity is conducted FR	h Principal business activity FUND MANAGEMENT
i Functional currency EURO		

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States N/A	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different CCXVII FINANCE I SAS 5 RUE FRANCOIS 1ER PARIS FR, 75008
---	---

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address CHEQUERS CAPITAL XVII 5 RUE FRANCOIS 1ER PARIS, FR, 75008	b Annual accounting period covered by the return (see instructions) 01/01/2019 12/31/2019 c(1) U.S. identifying number, if any 98-1379472 c(2) Reference ID number (see instructions)
d Country under whose laws organized FR	e Functional currency EURO

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any
	d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

ATTACHMENT 1

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

Table with 3 columns: Line number, Functional Currency, U.S. Dollar. Rows 1-14 for Income Statement items.

Schedule C-1 Section 987 Gain or Loss Information

Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.

Table with 3 columns: Line number, (a) Amount stated in functional currency of FDE or FB, (b) Amount stated in functional currency of recipient. Rows 1-5 for Section 987 information.

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Table with 3 columns: Line number, (a) Beginning of annual accounting period, (b) End of annual accounting period. Rows 1-6 for Assets and Liabilities and Owner's Equity.

Schedule G Other Information

Table with 3 columns: Line number, Yes, No. Rows 1-5 for Other Information questions.

Schedule G Other Information (continued)

		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?		
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ (_____)		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ (_____)		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). ▶ \$ _____		
12a	Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture ▶ \$ _____ See instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5.	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	
8	Enter exchange rate used for line 7 ▶		

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

	Yes	No
1		
2		
3		
4		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
Totals							

**SCHEDULE M
(Form 8858)**

**Transactions Between Foreign Disregarded Entity (FDE) or
Foreign Branch (FB) and the Filer or Other Related Entities**

OMB No. 1545-1910

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 LIGHTHOUSE GUILD INTERNATIONAL, INC.		Identifying number 46-4215298
Name of FDE or FB CCXVII FINANCE I SAS	U.S. identifying number, if any	Reference ID number (see instructions)
Name of tax owner CHEQUERS CAPITAL XVII	U.S. identifying number, if any 98-1379472	

Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **EURO** .893233260000

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input checked="" type="checkbox"/> Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled or controlled by the filer	(d) Any foreign corporation or partnership controlled or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain services					
14 Commissions paid					
15 Rents, royalties, and license fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see instructions)					
19 Amounts loaned (see instructions)					

CCXVII FINANCE I SAS
FORM 8858, PAGE 1 DETAIL

ATTACHMENT 1

LINE 5 - ORGANIZATIONAL CHART

ENTITY NAME LINE 1: CCXVII FINANCE I SAS
ENTITY NAME LINE 2: CHEQUERS CRESCITA ITALIA 1
% OF OWNERSHIP: 100.000
PLACEMENT OR POSITION:
TAX AND DIRECTLY OWNED BY CHEQUERS CAPITAL XVII
TAX CLASSIFICATION:
CORPORATION TREATED AS DISREGARDED ENTITY FOR U.S. FEDERAL INCOME
TAX PURPOSES

Return of U.S. Persons With Respect to Certain Foreign Partnerships

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8865 for instructions and the latest information.
Information furnished for the foreign partnership's tax year beginning 01/01/2019 , and ending 12/31/2019

Attachment
Sequence No. **118**

Name of person filing this return
LIGHTHOUSE GUILD INTERNATIONAL, INC.

Filer's identification number
46-4215298

Filer's address (if you aren't filing this form with your tax return)

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):
1 2 3 4

B Filer's tax year beginning 01/01/2019 , and ending 12/31/2019

C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form. See instructions.

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
AEOLUS PROPERTY CATASTROPHE KEYSTONE PF FD LP
20 REID STREET, WILLIAMS HOUSE, 3RD FLOOR
HAMILTON
BD, HM 11

2(a) EIN (if any)
98-1174282

2(b) Reference ID number (see instructions)

3 Country under whose laws organized
BD

4 Date of organization 04/25/2014	5 Principal place of business BD	6 Principal business activity code number 523900	7 Principal business activity INVESTMENT HOLDING/TRADI	8a Functional currency USD	8b Exchange rate (see instructions)
---	--	--	--	--------------------------------------	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States
N/A

2 Check if the foreign partnership must file:
 Form 1042 Form 8804 Form 1065
Service Center where Form 1065 is filed:

3 Name and address of foreign partnership's agent in country of organization, if any
AEOLUS PROPERTY CATASTROPHE KEYSTONE PF FD LP
20 REID STREET, WILLIAMS HOUSE, 3RD FLOOR
HAMILTON
BD, HM 11

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
AEOLUS PROPERTY CATASTROPHE KEYSTONE PF FD LP
20 REID STREET, WILLIAMS HOUSE, 3RD FLOOR
HAMILTON
BD, HM 11

- 5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions Yes No
If "Yes," enter the total amount of the disallowed deductions \$
- 6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes No
- 7** Were any special allocations made by the foreign partnership? Yes No
- 8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions ▶
- 9** How is this partnership classified under the law of the country in which it's organized? ▶ EXEMPTED LIMITED PARTNERSHIP
- 10a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b. Yes No
- b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No
- 11** Does this partnership meet both of the following requirements?
1. The partnership's total receipts for the tax year were less than \$250,000.
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.
If "Yes," don't complete Schedules L, M-1, and M-2. Yes No

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N? Yes No
- b If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI)
- c If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI
- d If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? Yes No
- 15 a Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions. Yes No
- b Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

- a Owns a direct interest
- b Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

Schedule A-1

Certain Partners of Foreign Partnership (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

Schedule A-2

Foreign Partners of Section 721(c) Partnership (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
					%	%
					%	%

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-3

Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B Income Statement - Trade or Business Income

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Table with columns for Income, Deductions, and Tax and Payment. Rows include: 1a Gross receipts or sales, 1b Less returns and allowances, 2 Cost of goods sold, 3 Gross profit, 4 Ordinary income, 5 Net farm profit, 6 Net gain, 7 Other income, 8 Total income, 9 Salaries and wages, 10 Guaranteed payments to partners, 11 Repairs and maintenance, 12 Bad debts, 13 Rent, 14 Taxes and licenses, 15 Interest, 16a Depreciation, 16b Less depreciation, 17 Depletion, 18 Retirement plans, 19 Employee benefit programs, 20 Other deductions, 21 Total deductions, 22 Ordinary business income, 23-30 Reserved for future use.

Schedule K Partners' Distributive Share Items

Table with columns for Income (Loss) and Deductions. Rows include: 1 Ordinary business income, 2 Net rental real estate income, 3a Other gross rental income, 3b Expenses from other rental activities, 3c Other net rental income, 4 Guaranteed payments (a Services, b Capital), 5 Interest income, 6 Dividends and dividend equivalents, 7 Royalties, 8 Net short-term capital gain, 9a Net long-term capital gain, 9b Collectibles gain, 9c Unrecaptured section 1250 gain, 10 Net section 1231 gain, 11 Other income, 12 Section 179 deduction, 13a Contributions, 13b Investment interest expense, 13c(2) Section 59(e)(2) expenditures, 13d Other deductions.

Schedule K Partners' Distributive Share Items (continued)		Total amount	
Self-Employment	14a Net earnings (loss) from self-employment.	14a	
	b Gross farming or fishing income.	14b	
	c Gross nonfarm income.	14c	
Credits	15a Low-income housing credit (section 42(j)(5)).	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶ _____	15d	
	e Other rental credits (see instructions) Type ▶ _____	15e	
	f Other credits (see instructions) Type ▶ _____	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶ _____		
	b Gross income from all sources.	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Reserved for future use ▶ _____ e Foreign branch category. . . . ▶	16e	
	f Passive category ▶ _____ g General category ▶ _____ h Other (attach statement) ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ _____ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Reserved for future use ▶ _____ l Foreign branch category. . . . ▶	16l	
	m Passive category ▶ _____ n General category ▶ _____ o Other (attach statement) ▶	16o	
	p Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
r Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment.	17a	
	b Adjusted gain or loss.	17b	
	c Depletion (other than oil and gas).	17c	
	d Oil, gas, and geothermal properties - gross income.	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses.	18c	
	19a Distributions of cash and marketable securities.	19a	
	b Distributions of other property.	19b	
	20a Investment income.	20a	
	b Investment expenses.	20b	
	c Other items and amounts (attach statement)		

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")				
Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations.				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation.				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				

Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.") (continued)

Table with 4 columns: (a) Beginning of tax year, (b) Beginning of tax year, (c) End of tax year, (d) End of tax year. Rows include 13 Other assets, 14 Total assets, Liabilities and Capital, 15 Accounts payable, 16 Mortgages, notes, bonds payable in less than 1 year, 17 Other current liabilities, 18 All nonrecourse loans, 19 a Loans from partners, b Mortgages, notes, bonds payable in 1 year or more, 20 Other liabilities, 21 Partners' capital accounts, 22 Total liabilities and capital.

Schedule M Balance Sheets for Interest Allocation

Table with 2 columns: (a) Beginning of tax year, (b) End of tax year. Rows include 1 Total U.S. assets, 2 Total foreign assets: a Passive category, b General category, c Other (attach statement).

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: Description, Amount. Rows include 1 Net income (loss) per books, 2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this tax year (itemize): \$, 3 Guaranteed payments (other than health insurance), 4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 16p (itemize): a Depreciation \$, b Travel and entertainment \$, 5 Add lines 1 through 4, 6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest \$, 7 Deductions included on Schedule K, lines 1 through 13d, and 16p not charged against book income this tax year (itemize): a Depreciation \$, 8 Add lines 6 and 7, 9 Income (loss). Subtract line 8 from line 5.

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H11, page 1, is answered "Yes.")

Table with 2 columns: Description, Amount. Rows include 1 Balance at beginning of tax year, 2 Capital contributed: a Cash, b Property, 3 Net income (loss) per books, 4 Other increases (itemize): \$, 5 Add lines 1 through 4, 6 Distributions: a Cash, b Property, 7 Other decreases (itemize): \$, 8 Add lines 6 and 7, 9 Balance at end of tax year. Subtract line 8 from line 5.

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions.				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions.				

SCHEDULE O
(Form 8865)

(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.
▶ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor LIGHTHOUSE GUILD INTERNATIONAL, INC.		Filer's identifying number 46-4215298
Name of foreign partnership AEOLUS PROPERTY CATASTROPHE KEYSTONE PF	EIN (if any) 98-1174282	Reference ID number (see instructions)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions Yes No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/11/2019		104,700.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
Totals			104,700.				

3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .041 % (b) After the transfer .037 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? Yes No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 12-2019

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor LIGHTHOUSE GUILD INTERNATIONAL, INC. Identifying number (see instructions)
46-4215298

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? . . . Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<u>SAIF PARTNERS INDIA VI LIMITED</u>	<u>98-1373448</u>

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)
RIVIGO SERVICES PRIVATE LIMITED **5a Identifying number, if any**

6 Address (including country)
PLOT NO.90, SECTOR-44
GURGAON HARYANA IN 122002 **5b Reference ID number**
 (see instructions)

7 Country code of country of incorporation or organization (see instructions)
IN

8 Foreign law characterization (see instructions)
PRIVATE COMPANY

9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash					

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 0.00 % (b) After 0.02 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor LIGHTHOUSE GUILD INTERNATIONAL, INC. Identifying number (see instructions)
46-4215298

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? . . . Yes No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d Have basis adjustments under section 367(a)(4) been made? Yes No

- 3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<u>GREYCROFT GROWTH II, L.P.</u>	<u>36-4862106</u>

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c Is the partner disposing of its **entire** interest in the partnership? Yes No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)
LIGHTRICKS, LTD **5a Identifying number, if any**
 FOREIGNUS

6 Address (including country)
PROFESSOR RACAH STREET BUILDING 5.4 **5b Reference ID number**
JERUSALEM IS 9190401 (see instructions)

7 Country code of country of incorporation or organization (see instructions)
IS

8 Foreign law characterization (see instructions)
CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation? Yes No

For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/19/2019		136,507.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 0 % (b) After 1.88 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c. Yes No
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

Reportable Transaction Disclosure Statement

OMB No. 1545-1800

- ▶ Attach to your tax return.
- ▶ See separate instructions.

▶ Go to www.irs.gov/Form8886 for instructions and the latest information.

Attachment
 Sequence No. **137**

Name(s) shown on return (individuals enter last name, first name, middle initial) LIGHTHOUSE GUILD INTERNATIONAL, INC.		Identifying number 46-4215298	
Number, street, and room or suite no. 250 WEST 64TH ST	City or town NEW YORK	State NY	ZIP code 10023

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 1 of 1.

B Enter the form number of the tax return to which this form is attached or related ▶ 1065
 Enter the year of the tax return identified above ▶ 2019-12
 Is this Form 8886 being filed with an amended tax return? Yes No

C Check the box(es) that apply. See instructions. Initial year filer Protective disclosure

1a Name of reportable transaction
SECTION 988 LOSS

1b Initial year participated in transaction **2019** **1c** Reportable transaction or tax shelter registration number. See instructions.

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

a Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ 1

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name ▶ GEM ENDOWMENT FUND, LP

c Employer identification number (EIN), if known ▶ 261741307

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received). ▶ _____

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
<u>N/A</u>		\$
Number, street, and room or suite no.	City or town	State ZIP code
b Name	Identifying number (if known)	Fees paid
		\$
Number, street, and room or suite no.	City or town	State ZIP code

For Paperwork Reduction Act Notice, see separate instructions.

Form **8886** (Rev. 12-2019)

Reportable Transaction Disclosure Statement

▶ Attach to your tax return.
 ▶ See separate instructions.
 ▶ Go to www.irs.gov/Form8886 for instructions and the latest information.

Name(s) shown on return (individuals enter last name, first name, middle initial) LIGHTHOUSE GUILD INTERNATIONAL, INC.		Identifying number 46-4215298	
Number, street, and room or suite no. 250 WEST 64TH ST	City or town NEW YORK	State NY	ZIP code 10023

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 1 of 3.

B Enter the form number of the tax return to which this form is attached or related ▶ 1065
 Enter the year of the tax return identified above ▶ 2019-12
 Is this Form 8886 being filed with an amended tax return? Yes No

C Check the box(es) that apply. See instructions. Initial year filer Protective disclosure

1a Name of reportable transaction
IRC SEC. 165 LOSS ON FULL DISPOSITION

1b Initial year participated in transaction **2019** **1c** Reportable transaction or tax shelter registration number. See instructions.

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

a Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ 1

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity ▶	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
	<input type="checkbox"/> S corporation	<input type="checkbox"/> Foreign	<input type="checkbox"/> S corporation	<input type="checkbox"/> Foreign
b Name ▶	<u>GEM ENDOWMENT FUND, LP</u>			
c Employer identification number (EIN), if known ▶	<u>26-1741307</u>			
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received). ▶				

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
<u>N/A</u>		\$
Number, street, and room or suite no.	City or town	State ZIP code
b Name	Identifying number (if known)	Fees paid
		\$
Number, street, and room or suite no.	City or town	State ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions Exclusions from gross income Absence of adjustments to basis Tax credits
- Capital loss Nonrecognition of gain Deferral
- Ordinary loss Adjustments to basis Other _____

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions. \$ -257,639.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions

d Enter your total investment or basis in the transaction. See instructions. \$ _____

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction. ATTACHMENT 2

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
------	--------------------

Address

Description

b Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
------	--------------------

Address

Description

Reportable Transaction Disclosure Statement

▶ Attach to your tax return.
 ▶ See separate instructions.

▶ Go to www.irs.gov/Form8886 for instructions and the latest information.

Name(s) shown on return (individuals enter last name, first name, middle initial) LIGHTHOUSE GUILD INTERNATIONAL, INC.		Identifying number 46-4215298	
Number, street, and room or suite no. 250 WEST 64TH ST	City or town NEW YORK	State NY	ZIP code 10023

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 2 of 3.

B Enter the form number of the tax return to which this form is attached or related ▶ 1065
 Enter the year of the tax return identified above ▶ 2019-12
 Is this Form 8886 being filed with an amended tax return? Yes No

C Check the box(es) that apply. See instructions. Initial year filer Protective disclosure

1a Name of reportable transaction
IRC SEC. 165 LOSS

1b Initial year participated in transaction **2019** **1c** Reportable transaction or tax shelter registration number. See instructions.

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

a Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ 1

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name ▶ GEM ENDOWMENT FUND, LP

c Employer identification number (EIN), if known ▶ 26-1741307

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received). ▶

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
<u>N/A</u>		\$
Number, street, and room or suite no.	City or town	State ZIP code
b Name	Identifying number (if known)	Fees paid
		\$
Number, street, and room or suite no.	City or town	State ZIP code

For Paperwork Reduction Act Notice, see separate instructions.

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions Exclusions from gross income Absence of adjustments to basis Tax credits
- Capital loss Nonrecognition of gain Deferral
- Ordinary loss Adjustments to basis Other _____

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions. \$ -220,105.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions

d Enter your total investment or basis in the transaction. See instructions. \$ _____

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction. ATTACHMENT 3

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
------	--------------------

Address

Description

b Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
------	--------------------

Address

Description

Reportable Transaction Disclosure Statement

▶ Attach to your tax return.
 ▶ See separate instructions.
 ▶ Go to www.irs.gov/Form8886 for instructions and the latest information.

Name(s) shown on return (individuals enter last name, first name, middle initial) LIGHTHOUSE GUILD INTERNATIONAL, INC.		Identifying number 46-4215298	
Number, street, and room or suite no. 250 WEST 64TH ST	City or town NEW YORK	State NY	ZIP code 10023

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 3 of 3.

B Enter the form number of the tax return to which this form is attached or related ▶ 1065
 Enter the year of the tax return identified above ▶ 2019-12
 Is this Form 8886 being filed with an amended tax return? Yes No

C Check the box(es) that apply. See instructions. Initial year filer Protective disclosure

1a Name of reportable transaction
IRC SEC. 165 LOSS

1b Initial year participated in transaction **2019** **1c** Reportable transaction or tax shelter registration number. See instructions.

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

a Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ NONE

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ 1

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name ▶ GEM ENDOWMENT FUND, LP

c Employer identification number (EIN), if known ▶ 26-1741307

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received). ▶

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
N/A		\$
Number, street, and room or suite no.	City or town	State ZIP code
b Name	Identifying number (if known)	Fees paid
		\$
Number, street, and room or suite no.	City or town	State ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions Exclusions from gross income Absence of adjustments to basis Tax credits
- Capital loss Nonrecognition of gain Deferral
- Ordinary loss Adjustments to basis Other _____

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions. \$ -105,036.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions

d Enter your total investment or basis in the transaction. See instructions. \$ _____

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction. ATTACHMENT 4

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
------	--------------------

Address

Description

b Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
------	--------------------

Address

Description

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

(Rev. December 2018)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions) beginning **01/01/2019**, and ending **12/31/2019**

Attachment
Sequence No. **140**

Name of person filing this return **LIGHTHOUSE GUILD INTERNATIONAL, INC.** Filer's identifying number **46-4215298**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) **250 WEST 64TH STREET**

City or town, state, and ZIP code **NEW YORK NY 10023**

Filer's tax year beginning **01/01/2019**, and ending **12/31/2019**

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

Check here	<input type="checkbox"/> FDE of a U.S. person	<input type="checkbox"/> FDE of a controlled foreign corporation (CFC)	<input checked="" type="checkbox"/> FDE of a controlled foreign partnership
	<input type="checkbox"/> FB of a U.S. person	<input type="checkbox"/> FB of a CFC	<input type="checkbox"/> FB of a controlled foreign partnership

Check here	<input type="checkbox"/> Initial 8858	<input type="checkbox"/> Final 8858
------------	---------------------------------------	-------------------------------------

1a Name and address of FDE or FB KEROGEN INVESTMENTS NO. 18 LIMITED 43/45 LA MOTTE STREET ST HELIER JERSEY	b(1) U.S. identifying number, if any 98-1312275
	b(2) Reference ID number (see instructions)

c For FDE, country(ies) under whose laws organized and entity type under local tax law JERSEY CORPORATION	d Date(s) of organization 04/15/2016	e Effective date as FDE 04/15/2016
f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number N/A	g Country in which principal business activity is conducted JERSEY	h Principal business activity INV. HOLDING
		i Functional currency USD

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different SS&C PRIVATE EQUITY SERVICES, ASIA SUITE 706-7, 18 HARBOUR ROAD HONG KONG WANCHAI CH
--	--

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address KEROGEN II INVESTMENTS NO. 18 HOLDING LIMITED 171 MAIN STEET VG1110 ROAD TOWN TORTOLA VI	b Annual accounting period covered by the return (see instructions) 01/01/2019 12/31/2019
	c(1) U.S. identifying number, if any 98-1312673
	c(2) Reference ID number (see instructions)
	d Country under whose laws organized
	e Functional currency USD

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address LIGHTHOUSE GUILD INTERNATIONAL, INC. 250 WEST 64TH STREET NEW YORK, NY 10023	b Country under whose laws organized
	c U.S. identifying number, if any 46-4215298
	d Functional currency USD

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

ATTACHMENT 5

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Schedule C-1 Section 987 Gain or Loss Information

Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
1			
2			
3			
4			
5			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets		
2	Other assets		
3	Total assets		
Liabilities and Owner's Equity			
4	Liabilities		
5	Owner's equity		
6	Total liabilities and owner's equity		

Schedule G Other Information

	Yes	No
1		X
2		X
3		
4		X
5		X

Schedule G Other Information (continued)

		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ (_____)		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ (_____)		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). ▶ \$ _____		
12a	Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture ▶ \$ _____ See instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	-32939056.
2	Total net additions	2	72894324.
3	Total net subtractions	3	4,975,640.
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3) . . .	4	34979628.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5.	6	34979628.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	34979628.
8	Enter exchange rate used for line 7 ▶ 1.0000		

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

	Yes	No
1		
2		
3		
4		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
Totals							

**SCHEDULE M
(Form 8858)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 **LIGHTHOUSE GUILD INTERNATIONAL, INC.** Identifying number **46-4215298**

Name of FDE or FB **KEROGEN INVESTMENTS NO** U.S. identifying number, if any **98-1312275** Reference ID number (see instructions)

Name of tax owner **KEROGEN II INVESTMENTS NO. 18 HOLDING LIM** U.S. identifying number, if any **98-1312673**

Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

USD

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **1.000000**

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input checked="" type="checkbox"/> Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlling or controlled by the filer	(d) Any foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain services					
14 Commissions paid					
15 Rents, royalties, and license fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see instructions)					
19 Amounts loaned (see instructions)					

Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs)

(Rev. December 2018)

▶ Go to www.irs.gov/Form8858 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Information furnished for the FDE's or FB's annual accounting period (see instructions)
beginning 01/01/2019 , and ending 12/31/2019

Attachment
Sequence No. **140**

Name of person filing this return **LIGHTHOUSE GUILD INTERNATIONAL, INC.** Filer's identifying number **46-4215298**

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
250 WEST 64TH STREET

City or town, state, and ZIP code
NEW YORK NY 10023

Filer's tax year beginning , and ending

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

Check here	<input type="checkbox"/> FDE of a U.S. person	<input type="checkbox"/> FDE of a controlled foreign corporation (CFC)	<input checked="" type="checkbox"/> FDE of a controlled foreign partnership
	<input type="checkbox"/> FB of a U.S. person	<input type="checkbox"/> FB of a CFC	<input type="checkbox"/> FB of a controlled foreign partnership

Check here	<input type="checkbox"/> Initial 8858	<input type="checkbox"/> Final 8858
------------	---------------------------------------	-------------------------------------

1a Name and address of FDE or FB UNCONVENTIONAL ENERGY LIMITED 43/45 LA MOTTE STREET ST HELIER JERSEY	JE4 8SD	b(1) U.S. identifying number, if any 98-1380951	b(2) Reference ID number (see instructions)
--	----------------	--	--

c For FDE, country(ies) under whose laws organized and entity type under local tax law JERSEY CORPORATION	d Date(s) of organization 03/16/2017	e Effective date as FDE 03/16/2017
--	---	---

f If benefits under a U.S. tax treaty were claimed with respect to income of the FDE or FB, enter the treaty and article number N/A	g Country in which principal business activity is conducted JERSEY	h Principal business activity INV. HOLDING	i Functional currency USD
--	---	---	--

2 Provide the following information for the FDE's or FB's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States N/A	b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the FDE or FB, and the location of such books and records, if different SS&C PRIVATE EQUITY SERVICES ASIA SUITE 706-7, 18 HARBOUR ROAD HONG KONG WANCHAI CH
--	---

3 For the **tax owner** of the FDE or FB (if different from the filer), provide the following (see instructions):

a Name and address KEROGEN II INVESTMENTS NO. 18 HOLDING LIMITED 171 MAIN STREET ROAD TOWN TORTOLA VI	b Annual accounting period covered by the return (see instructions)	
	c(1) U.S. identifying number, if any FOREIGNUS	
	c(2) Reference ID number (see instructions)	
	d Country under whose laws organized	e Functional currency USD

4 For the **direct owner** of the FDE or FB (if different from the tax owner), provide the following (see instructions):

a Name and address	b Country under whose laws organized
	c U.S. identifying number, if any

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the FDE or FB, and the chain of ownership between the FDE or FB and each entity in which the FDE or FB has a 10% or more direct or indirect interest. See instructions.

ATTACHMENT 6

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 12-2018)

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for FDEs or FBs that use DASTM. If you are using the average exchange rate (determined under section 989(b)), check the following box

	Functional Currency	U.S. Dollar
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Schedule C-1 Section 987 Gain or Loss Information

Note: See the instructions if there are multiple recipients of remittances from the FDE or FB.

	(a) Amount stated in functional currency of FDE or FB	(b) Amount stated in functional currency of recipient	
		Yes	No
1			
2			
3			
4			
5			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for FDEs or FBs that use DASTM.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash and other current assets		
2	Other assets		
3	Total assets		
Liabilities and Owner's Equity			
4	Liabilities		
5	Owner's equity		
6	Total liabilities and owner's equity		

Schedule G Other Information

	Yes	No
1		X
2		X
3		
4		X
5		X

Schedule G Other Information (continued)

		Yes	No
6a	During the tax year, did the FDE or FB receive, or accrue the receipt of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) from a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 6b and 6c		X
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
7a	During the tax year, did the FDE or FB pay, or accrue the payment of, any amounts defined as a base erosion payment under section 59A(d) or have a base erosion tax benefit under section 59A(c)(2) to a foreign person which is a related party of the taxpayer? See instructions. If "Yes," complete lines 7b and 7c		X
b	Enter the total amount of the base erosion payments \$ _____		
c	Enter the total amount of the base erosion tax benefit \$ _____		
8	Is the FDE or FB a qualified business unit as defined in section 989(a)?		X
9	Answer the following question only if the tax owner of the FDE or FB is a CFC: Were there any intracompany transactions between the FDE or FB and the CFC or any other branch of the CFC during the tax year, in which the FDE or FB acted as a manufacturing, selling, or purchasing branch?		
10a	Answer the remaining questions in Schedule G only if the tax owner of the FB or the interest in the FDE is a U.S. corporation: If the FB or the interest in the FDE is a separate unit under Regulations section 1.1503(d)-1(b)(4), and is not part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?		
b	If "Yes," enter the amount of the dual consolidated loss ▶ \$ (_____)		
11a	If the FB or the interest in the FDE is a separate unit and part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii), does the combined separate unit have a dual consolidated loss as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? If "Yes," complete lines 11b and 11c		
b	Enter the amount of the dual consolidated loss for the combined separate unit . . ▶ \$ (_____)		
c	Enter the net income (loss) attributed to the individual FB or the individual interest in the FDE as determined under Regulations section 1.1503(d)-5(c)(4)(ii)(A). ▶ \$ _____		
12a	Was any portion of the dual consolidated loss in line 10b or 11b taken into account in computing U.S. taxable income for the year? If "Yes," go to line 12b. If "No," go to line 13		
b	Was this a permitted domestic use of the dual consolidated loss under Regulations section 1.1503(d)-6? If "Yes," see the instructions and go to line 12c. If "No," go to line 12d		
c	If "Yes," is the documentation that is required for the permitted domestic use under Regulations section 1.1503(d)-6 attached to the return? After answering this question, go to line 13a		
d	If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Regulations section 1.1503(d)-4? If "Yes," go to line 12e		
e	Enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ \$ _____ See instructions.		
13a	During the tax year, did any triggering event(s) occur under Regulations section 1.1503(d)-6(e) requiring recapture of any dual consolidated loss(es) attributable to the FB or interest in the FDE, individually or as part of a combined separate unit, in any prior tax years?		
b	If "Yes," enter the total amount of recapture ▶ \$ _____ See instructions.		

Schedule H Current Earnings and Profits or Taxable Income (see instructions)

Important: Enter the amounts on lines 1 through 6 in functional currency.

1	Current year net income (loss) per foreign books of account	1	-19683531.
2	Total net additions	2	21107698.
3	Total net subtractions	3	1,446,943.
4	Current earnings and profits (or taxable income - see instructions) (line 1 plus line 2 minus line 3)	4	-22,776.
5	DASTM gain (loss) (if applicable)	5	
6	Combine lines 4 and 5.	6	-22,776.
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	-22,776.
8	Enter exchange rate used for line 7 ▶		1.0000

Schedule I Transferred Loss Amount (see instructions)

Important: See instructions for who has to complete this section.

	Yes	No
1		
2		
3		
4	Enter the transferred loss amount included in gross income as required under section 91. See instructions	
4		

Schedule J Income Taxes Paid or Accrued (see instructions)

(a) Country or Possession	Foreign Income Taxes			Foreign Tax Credit Separate Categories			
	(b) Foreign Currency	(c) Conversion Rate	(d) U.S. Dollar	(e) Foreign Branch	(f) Passive	(g) General	(h) Other
Totals							

**SCHEDULE M
(Form 8858)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transactions Between Foreign Disregarded Entity (FDE) or Foreign Branch (FB) and the Filer or Other Related Entities

OMB No. 1545-1910

▶ **Attach to Form 8858.**

▶ **Go to www.irs.gov/Form8858 for instructions and the latest information.**

Name of person filing Form 8858 LIGHTHOUSE GUILD INTERNATIONAL, INC.	Identifying number 46-4215298
--	---

Name of FDE or FB UNCONVENTIONAL ENERGY	U.S. identifying number, if any 98-1380951	Reference ID number (see instructions)
---	--	--

Name of tax owner KEROGEN II INVESTMENTS NO. 18 HOLDING LIMI	U.S. identifying number, if any FOREIGNUS
--	---

Important: Complete a **separate** Schedule M for each FDE or FB. Enter the totals for each type of transaction that occurred during the annual accounting period between the FDE or FB and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the FDE's or FB's tax year. See instructions.

1.000000

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶

Column Headings. This schedule contains three sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings.

<input checked="" type="checkbox"/> Controlled Foreign Partnership (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled or controlled by the filer	(d) Any foreign corporation or partnership controlled or controlled by the filer (other than the tax owner)	(e) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
<input type="checkbox"/> Controlled Foreign Corporation (a) Transactions of FDE or FB	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by the filer	(d) Any foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more U.S. shareholder of any corporation controlling the tax owner	(f) 10% or more U.S. shareholder, or other owner, of any entity controlling the tax owner
<input type="checkbox"/> U.S. Tax Owner (a) Transactions of FDE or FB	(b) U.S. person filing this return (other than the tax owner of the FDE or FB)	(c) Any domestic corporation or partnership controlled by the filer (other than the tax owner of the FDE or FB)	(d) Any foreign corporation (including its branches or disregarded entities) controlling or controlled by the filer	(e) Any foreign partnership (including its branches or FDEs) controlling or controlled by the filer	
1 Sales of inventory					
2 Sales of property rights					
3 Compensation received for certain services					
4 Commissions received					
5 Rents, royalties, and license fees received					
6 Dividends/Distributions received					
7 Interest received					
8 Other					
9 Add lines 1 through 8					
10 Purchases of inventory					
11 Purchases of tangible property other than inventory					
12 Purchases of property rights					
13 Compensation paid for certain services					
14 Commissions paid					
15 Rents, royalties, and license fees paid					
16 Interest paid					
17 Add lines 10 through 16					
18 Amounts borrowed (see instructions)					
19 Amounts loaned (see instructions)					

SECTION 988 LOSS

ATTACHMENT 1

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

LINE 7: FACTS OF THE TRANSACTION

TAXPAYER IS A PARTNER IN GEM ENDOWMENT FUND, LP FKA GLOBAL ENDOWMENT FUND II, LP("FUND"). THE FUND TRADES IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT AND INVESTS IN OTHER PARTNERSHIPS. THE LOWER TIER PARTNERSHIPS ALSO TRADE IN VARIOUS STOCKS, SECURITIES AND RELATED FINANCIAL INSTRUMENTS FOR ITS OWN ACCOUNT. AS PART OF SUCH ACTIVITY, FUND MAY NEED TO MAINTAIN CASH IN NON-U.S. DOLLAR DENOMINATED CURRENCIES. THE REGULAR ACTIVITY AND PURPOSE OF THE FUND IS TO GENERATE A PRE-TAX ECONOMIC RATE OF RETURN. THE AMOUNT OF SUCH NON-U.S. DOLLAR DENOMINATED CURRENCIES INCREASE AND/OR DECREASE THROUGHOUT THE YEAR AT FREQUENT INTERVALS FOR FINANCIAL ACCOUNTING PURPOSES, THE TRANSACTION IS BEING ACCOUNTED FOR IN ACCORDANCE WITH U.S. GAAP.

THE ADJUSTED TAX BASIS OF NON-U.S. DOLLAR DENOMINATED CURRENCIES OBTAINED BY THE FUND IS DETERMINED BY WAY OF CASH PAID AND GAINS AND LOSSES ON SUCH CURRENCY TRANSACTIONS ARE CHARACTERIZED AS ORDINARY UNDER INTERNAL REVENUE CODE("IRC") SECTION 988.

THESE GAINS AND LOSSES, RECOGNIZED THIS YEAR, MAY BE THE RESULT OF ACQUISITIONS OCCURRING IN THIS OR PRIOR YEAR(S).

NAME OF CURRENCY: RUSSIAN RUBLE

IRC SEC. 165 LOSS ON FULL DISPOSITION

ATTACHMENT 2

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

LINE 7: FACTS OF THE TRANSACTION

TAXPAYER IS A PARTNER IN GEM ENDOWMENT FUND, LP FKA GLOBAL ENDOWMENT FUND II, LP ("FUND"). THE FUND HOLDS INVESTMENTS IN VARIOUS EXTERNAL PARTNERSHIP INVESTMENTS. DURING THE TAX YEAR 2019, IT WAS DETERMINED BY THE EXTERNAL PARTNERSHIP THAT ONE OF THE FUND'S INDIRECT INVESTMENTS WAS WORTHLESS.

THIS DETERMINATION THAT THE INVESTMENT BECAME WORTHLESS RESULTED IN A SEC. 165 LOSS WHICH EXCEEDS THE RELEVANT \$2,000,000 REPORTABLE LOSS THRESHOLD. THE TRANSACTION IS BEING REPORTED SINCE IT DOES NOT MEET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2013-11.

NAME OF SECURITY SOLD: NINE TEN PARTNERS, LP

IRC SEC. 165 LOSS

ATTACHMENT 3

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

LINE 7: FACTS OF THE TRANSACTION

TAXPAYER IS A PARTNER IN GEM ENDOWMENT FUND, LP FKA GLOBAL ENDOWMENT FUND II, LP ("FUND"). THE FUND HOLDS INVESTMENTS IN VARIOUS EXTERNAL PARTNERSHIP INVESTMENTS. DURING THE TAX YEAR 2019, IT WAS DETERMINED BY THE EXTERNAL PARTNERSHIP THAT ONE OF THE FUND'S INDIRECT INVESTMENTS WAS WORTHLESS.

THIS DETERMINATION THAT THE INVESTMENT BECAME WORTHLESS RESULTED IN A SEC. 165 LOSS WHICH EXCEEDS THE RELEVANT \$2,000,000 REPORTABLE LOSS THRESHOLD. THE TRANSACTION IS BEING REPORTED SINCE IT DOES NOT MEET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2013-11.

NAME OF SECURITY SOLD: JASPER PARTENT LLC

IRC SEC. 165 LOSS

ATTACHMENT 4

FORM 8886 - REPORTABLE TRANSACTION DISCLOSURE STATEMENT

LINE 7: FACTS OF THE TRANSACTION

TAXPAYER IS A PARTNER IN GEM ENDOWMENT FUND, LP FKA GLOBAL ENDOWMENT FUND II, LP ("FUND"). THE FUND HOLDS INVESTMENTS IN VARIOUS EXTERNAL PARTNERSHIP INVESTMENTS. DURING THE TAX YEAR 2019, IT WAS DETERMINED BY THE EXTERNAL PARTNERSHIP THAT ONE OF THE FUND'S INDIRECT INVESTMENTS WAS WORTHLESS.

THIS DETERMINATION THAT THE INVESTMENT BECAME WORTHLESS RESULTED IN A SEC. 165 LOSS WHICH EXCEEDS THE RELEVANT \$2,000,000 REPORTABLE LOSS THRESHOLD. THE TRANSACTION IS BEING REPORTED SINCE IT DOES NOT MEET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC 2013-11.

NAME OF SECURITY SOLD: BRAND RETAIL GROUP HOLIDAY BV

FORM 8858 DETAIL

LINE 5 - ORGANIZATIONAL CHART

ENTITY NAME LINE 1: KEROGEN INVESTMENTS NO. 18 LIMITED
% OF OWNERSHIP: 100.000
COUNTRY: JE
PLACEMENT OR POSITION:
DIRECTLY OWNED BY KEROGEN II INVESTMENTS NO. 18 HOLDING
TAX CLASSIFICATION:
CORPORATION TREATED AS DISREGARDED ENTITY FOR U.S. FEDERAL INCOME
TAX PURPOSES

FORM 8858 DETAIL

LINE 5 - ORGANIZATIONAL CHART

ENTITY NAME LINE 1: UNCONVENTIONAL ENERGY LIMITED
% OF OWNERSHIP: 100.000
COUNTRY: JE
PLACEMENT OR POSITION:
DIRECTLY OWNED BY KEROGEN II INVESTMENTS NO. 18 HOLDING
TAX CLASSIFICATION:
CORPORATION TREATED AS DISREGARDED ENTITY FOR U.S. FEDERAL INCOME
TAX PURPOSES

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019
Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01 / 01 / 2019 and Ending (mm/dd/yyyy) 12 / 31 / 2019

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: LIGHTHOUSE GUILD INTERNATIONAL, INC.	Employer Identification Number (EIN): 46-4215298
	Mailing Address: 250 WEST 64TH ST	NY Registration Number: 44-20-87
	City / State / Zip: NEW YORK, NY 10023	Telephone: (212) 769-6331
	Website: WWW.LIGHTHOUSEGUILD.ORG	Email: SHAHH@LIGHTHOUSEGU

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	CALVIN W. ROBERTS, MD	PRESIDENT & CEO	
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	HIMANSHU R. SHAH	CFO	
	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>25.</u>	Total fee: \$ <u>50.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Page 1

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)

If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.

Audit Report if you received total revenue and support greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

\$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b

\$25, if the NET WORTH is less than \$50,000

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000

\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

\$1500, if the NET WORTH is \$50,000,000 or more

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22

- IRS Form 990 EZ Part I line 21

- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

2019
Open to Public
Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).
Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization: LIGHTHOUSE GUILD INTERNATIONAL, INC.	NY Registration Number: 44-20-87
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2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type: <input checked="" type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP: MARC ROSEN ASSOCIATES	NY Registration Number:
	Mailing Address: 1345 AVENUE OF THE AMERICAS, 2ND FL.	Telephone:
	City / State / Zip: NEW YORK, NY 10105	

3. Contract Information

Contract Start Date: 07/01/2019	Contract End Date: 04/30/2020
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4. Description of Services

Services provided by FRP: PROVIDE CREATIVE SUPPORT AND DIRECT OVERSIGHT OF THE PALM BEACH FUNDRAISING PROGRAM, INCLUDING THE PALM BEACH COCKTAIL PARTY AND GALA TO ASSIST IN IDENTIFICATION, CULTIVATION AND STEWARDSHIP OF MAJOR GIFT DONORS AND PROSPECTS.

5. Description of Compensation

Compensation arrangement with FRP: INDEPENDENT CONTRACTOR - FLAT FEE FOR SERVICES PLUS EXPENSES	Amount Paid to FRP: 150,500.
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6. Commercial Co-Venturer (CCV) Report

<input type="checkbox"/> Yes <input type="checkbox"/> No	If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?
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CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2019
Open to Public
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
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2. Government Grants

Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total:



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1	Legal name of corporation	1.	LIGHTHOUSE GUILD INTERNATIONAL			Payment enclosed	2.			
3	Return type				3.	CT13				
4	Employer ID number (EIN)	4.	46	-	4215298					
5	File number (FCC)					5.	MM2			
6	Period beginning date (mm-dd-yy)	6.	01	-	01	-	19			
7	Period ending date (mm-dd-yy)	7.	12	-	31	-	19			
8	Amended (Y=1; N=0)					8.	0			
9	Address change (Y=1; N=0)					9.	0			
10	Final (Y=1; N=0)					10.				
11	NAICS code	11.	525990							
12	MTA indicator (None=0; Y=1; N=2; Both=3)					12.				
13	Federal 1120-H filed (Y=1; N=0)					13.				
14	REIT/RIC indicator (Y=1; N=0)					14.				
15	Tax due/MTA surcharge	15.	250			.	00			
16	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	16.				.				
17	Balance due	17.				.				
18	Amount of overpayment credited to next period - NYS	18.				.				
19	Refund of overpayment	19.				.				
20	Refund of unused tax credits	20.				.				
21	Tax credits to be credited as an overpayment to next year's return	21.				.				
22	Amount of overpayment credited to next period - MTA	22.				.				
23	Amount of MTA surcharge retaliatory tax credit to be refunded	23.				.				
24	Fixed dollar minimum	24.				.				
25	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN	25.				-				
26	New York receipts	26.				.				
27	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?	27.								
28	Paid preparer's EIN	28.	13	-	5381590					
29	Preparer's NYTPRIN	29.								
30	Excl. code	30.	03							

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For office use only



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

All filers enter tax period:

beginning 01-01-19 ending 12-31-19

Amended return

Tax Law - Article 13

Employer identification number (EIN) 46-4215298, File number MM2, Business telephone number 212 769-6331, Legal name of corporation LIGHTHOUSE GUILD INTERNATIONAL, INC., Mailing name 250 WEST 64TH ST, NEW YORK, NY 10023, NAICS business code number 525990

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? Yes No [X]

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs.

Computation of income and tax

Table with 25 rows for tax computation. Line 1: Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction 550,202. Line 2: New York State Article 13 and Article 23 tax deducted on federal return 250. Line 6: Add lines 1 through 5 550,452. Line 9: Other subtractions ATTACHMENT. 1 558,303. Line 10: Total subtractions 558,303. Line 11: Taxable income before net operating loss deduction -7,851. Line 14: Allocated taxable income -7,851. Line 16: Minimum tax 250.00. Line 17: Tax 250. Line 18: Total prepayments from line 46 250.

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: _____ Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State	B Everywhere
26	Real estate owned (see instructions)	26	
27	Gross rents (attach list; see instructions).	27	
28	Inventories owned	28	
29	Other tangible personal property owned (see instructions)	29	
30	Total (add lines 26 through 29)	30	
31	Percentage in New York State (divide line 30, column A, by line 30, column B)	31	%

Receipts in the regular course of business from:

32	Sales of tangible personal property shipped to points within New York State	32	
33	All sales of tangible personal property	33	
34	Services performed	34	
35	Rentals of property	35	
36	Other business receipts.	36	
37	Total (add lines 32 through 36)	37	
38	Percentage in New York State (divide line 37, column A, by line 37, column B)	38	%
39	Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39	
40	Percentage in New York State (divide line 39, column A, by line 39, column B)	40	%
41	Total of New York State percentages (add lines 31, 38, and 40).	41	%
42	Business allocation percentage (divide line 41 by three or by the number of percentages)	42	%

Composition of prepayments claimed on line 18*

	Date paid	Amount
43	Payment with extension request, Form CT-5, line 5	43 05-01-20 250.
44a	Second installment from Form CT-400.	44a
44b	Third installment from Form CT-400	44b
44c	Fourth installment from Form CT-400	44c
45	Amount of overpayment credited from prior years	45
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46 250.

*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

- Final federal determination If marked, enter date of determination: ● _____
- Capital loss carryback. Federal return filed. Form 1139 ●
- Amended Form 990-T



Third - party designee <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Designee's name <i>(print)</i>	Designee's phone number
	Designee's email address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person HIMANSHU R SHAH	Signature of authorized person	Official title CHIEF FINANCIAL OFFICER	
	Email address of authorized person SHAHH@LIGHTHOUSEGUILD.ORG	Telephone number (212) 769-6331	Date	
Paid preparer use only <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> BDO USA, LLP	Firm's EIN 13-5381590	Preparer's PTIN or SSN P00741491	
	Signature of individual preparing this return <i>Kristin Ruffini</i>	Address 401 BROADHOLLOW RD, STE 201 MELVILLE, NY 11747	City	State ZIP code
	Email address of individual preparing this return	Preparer's NYTPRIN or Excl. code 03	Date 11-13-20	

See instructions for where to file.

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LIGHTHOUSE GUILD INTERNATIONAL, INC.

46-4215298

CT-13 - LINE 9 - OTHER SUBTRACTIONS

ATTACHMENT 1

DESCRIPTION

AMOUNT

UBI ALLOCABLE TO OTHER STATES

558,303.

TOTAL

558,303.