

Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2006 calendar year, or tax year beginning <u>07/01, 2006</u> , and ending <u>06/30/2007</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>CHICAGO LIGHTHOUSE FOR PEOPLE</u> <u>WHO ARE BLIND OR VISUALLY IMPAIRED</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1850 W ROOSEVELT ROAD</u> City or town, state or country, and ZIP + 4 <u>CHICAGO, IL 60608</u>
D Employer identification number <u>36-2169139</u>	
E Telephone number <u>(312) 666-1331</u>	
F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
G Website: ▶ <u>WWW.THECHICAGOLIGHTHOUSE.ORG</u>	
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.	
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ <u>30,530,873.</u>	

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	4,677,105.	
	c	Indirect public support (not included on line 1a)	1c	50,000.	
	d	Government contributions (grants) (not included on line 1a)	1d	2,804,117.	
	e	Total (add lines 1a through 1d) (cash \$ <u>6,679,330.</u> noncash \$ <u>851,892.</u>)	1e	7,531,222.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	7,172,836.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	82,349.	
	5	Dividends and interest from securities	5	618,604.	
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
Expenses	6c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
	7	Other investment income (describe <u>STMT 8</u>)	7	2,399.	
	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
			14,912,764.	8a	
	b	Less: cost or other basis and sales expenses	9,940,377.	8b	
	c	Gain or (loss) (attach schedule)	4,972,387.	8c	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	4,972,387.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>			
	a	Gross revenue (not including \$ <u>419,650.</u> of STMT 9 contributions reported on line 1b)	STMT 10 9a	158,210.	
	b	Less: direct expenses other than fundraising expenses	9b	147,582.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	10,628.	
	Net Assets	10a	Gross sales of inventory, less returns and allowances	10a	
b		Less: cost of goods sold	10b		
c		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11		Other revenue (from Part VII, line 103)	11	52,489.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	20,442,914.	
Net Assets	13	Program services (from line 44, column (B))	13	13,440,019.	
	14	Management and general (from line 44, column (C))	14	2,490,582.	
	15	Fundraising (from line 44, column (D))	15	1,460,230.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	17,390,831.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	3,052,083.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	40,559,777.	
	20	Other changes in net assets or fund balances (attach explanation) <u>STMT 11</u>	20	-1,879,439.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	41,732,421.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2006)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	CHICAGO LIGHTHOUSE FOR PEOPLE	Employer identification number
	WHO ARE BLIND OR VISUALLY IMPAIRED		36-2169139
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	1850 ROOSEVELT ROAD		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	CHICAGO, IL 60608		

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MARY LYNNE JANUSZEWSKI**
Telephone No. **312 997-3664** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **05/15, 2008**.
- 5 For calendar year _____, or other tax year beginning **07/01, 2006** and ending **06/30, 2007**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION NECESSARY TO
FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions.	8c \$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **TAX MANAGER** Date **2/5/08****Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

By: _____

Director _____

Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name	ERNST & YOUNG U.S. LLP / B. PITCHKITES
	Number and street (include suite, room, or apt. no.) or a P.O. box number	5451 LAKEVIEW PARKWAY S. DRIVE
	City or town, province or state, and country (including postal or ZIP code)	INDIANAPOLIS, IN 460268

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box ☐ and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	CHICAGO LIGHTHOUSE FOR PEOPLE	Employer identification number
	WHO ARE BLIND OR VISUALLY IMPAIRED		36-2169139
	Number, street, and room or suite no. If a P.O. box, see instructions.	1850 ROOSEVELT ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	CHICAGO, IL 60608	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ MARY LYNNE JANUSZEWSKI

Telephone No. ▶ 312 997-3664

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 02/15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning 07/01, 2006, and ending 06/30, 2007

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ <u>72,703.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 72,703.	72,703.	STMT 12	
23 Specific assistance to individuals (attach schedule)	23 107.	107.	STMT 17	
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 176,464.	52,896.	41,504.	82,064.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 53,947.	53,947.		
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 6,789,593.	5,137,993.	994,608.	656,992.
27 Pension plan contributions not included on lines 25a, b, and c	27 283,858.	206,106.	49,477.	28,275.
28 Employee benefits not included on lines 25a - 27	28 748,439.	543,434.	130,454.	74,551.
29 Payroll taxes	29 569,991.	433,455.	73,963.	62,573.
30 Professional fundraising fees	30 25,250.			25,250.
31 Accounting fees	31 96,500.		96,500.	
32 Legal fees	32 37,940.		37,940.	
33 Supplies	33 2,707,257.	2,567,226.	114,924.	25,107.
34 Telephone	34 75,510.	27,602.	46,617.	1,291.
35 Postage and shipping	35 222,838.	139,010.	11,575.	72,253.
36 Occupancy	36 247,838.	210,673.	31,752.	5,413.
37 Equipment rental and maintenance	37 98,807.	81,131.	17,150.	526.
38 Printing and publications	38 171,729.	11,139.	562.	160,028.
39 Travel	39 159,987.	88,805.	47,931.	23,251.
40 Conferences, conventions, and meetings	40 35,525.	22,595.	10,570.	2,360.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 732,692.	518,229.	196,786.	17,677.
43 Other expenses not covered above (itemize):				
a ADVERTISING	43a 360,707.	317,079.	5,804.	37,824.
b PROPERTY & LIABILITY INSU	43b 138,878.	73,714.	63,512.	1,652.
c CLIENT TRANSPORTATION & M	43c 137,119.	137,119.		
d COST OF MATERIAL	43d 2,067,966.	2,067,966.		
e COMMISSIONS	43e 159,373.	159,373.		
f OTH PROFESS & CONTRACT SV	43f 856,874.	353,831.	400,484.	102,559.
g ALL OTHER	43g 362,939.	163,886.	118,469.	80,584.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 17,390,831.	13,440,019.	2,490,582.	1,460,230.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 18**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a **SEE STATEMENT 19**

(Grants and allocations \$ 72,703.) If this amount includes foreign grants, check here ☐

13,440,019.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) **13,440,019.**

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	234,188.	45	861,503.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	1,919,363.		
	b Less: allowance for doubtful accounts	24,000.	1,137,952.	47c 1,895,363.
	48a Pledges receivable	1,282,398.		
	b Less: allowance for doubtful accounts		1,467,621.	48c 1,282,398.
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	1,146,837.	52	1,065,566.
	53 Prepaid expenses and deferred charges	119,553.	53	153,822.
	54a Investments - publicly-traded securities	Cost <input checked="" type="checkbox"/> FMV	28,900,800.	54a 29,223,970.
	b Investments - other securities (attach schedule)	Cost <input checked="" type="checkbox"/> FMV	1,794,343.	54b 2,268,534.
	55a Investments - land, buildings, and equipment: basis	STMT 20		
	b Less: accumulated depreciation (attach schedule)			55c
	56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment: basis	15,830,635.			
b Less: accumulated depreciation (attach schedule)	9,334,839.	6,744,842.	57c 6,495,796.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 21)	103,481.	58	84,667.	
59 Total assets (must equal line 74). Add lines 45 through 58	41,649,617.	59	43,331,619.	
Liabilities	60 Accounts payable and accrued expenses	1,089,840.	60	1,417,631.
	61 Grants payable		61	
	62 Deferred revenue		62	181,567.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	1,089,840.	66	1,599,198.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	37,189,725.	67	38,087,749.
	68 Temporarily restricted	1,950,287.	68	2,219,077.
	69 Permanently restricted	1,419,765.	69	1,425,595.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	40,559,777.	73	41,732,421.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	41,649,617.	74	43,331,619.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	18,572,880.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-1,879,439.
2	Donated services and use of facilities	b2	9,405.
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	-1,870,034.
c	Subtract line b from line a	c	20,442,914.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	20,442,914.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	17,400,236.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	9,405.
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):----- -----	b4	
	Add lines b1 through b4	b	9,405.
c	Subtract line b from line a	c	17,390,831.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):----- -----	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d ▶	e	17,390,831.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
-----	----

[illegible]

75b

75c

75d

75d v

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76

76		X
----	--	---

77

77		X
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If "Yes," attach a conformed copy of the changes.

786

78a	X
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781

78b	N/A
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79

79		X
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80a

80a	X
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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81a

NONE

818

81b	x
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 9,405.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 b	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	NONE	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed IL		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	222	
91 a	The books are in care of MARY LYNNE JANUSZEWSKI Telephone no. 312-997-3664		
	Located at 1850 W ROOSEVELT ROAD CHICAGO, IL ZIP + 4 60608		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ ☒ X
 If "Yes," enter the name of the foreign country ▶ _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 | N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 28					4,376,117.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					2,796,719.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	82,349.	
96 Dividends and interest from securities			14	618,604.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	2,399.	
100 Gain or (loss) from sales of assets other than inventory			18	4,972,387.	
101 Net income or (loss) from special events					10,628.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS					52,489.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,675,739.	7,235,953.
105 Total (add line 104, columns (B), (D), and (E)) ▶					12,911,692.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

PLEASE SEE GEA

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☒ No ☐
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☒ No ☐

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part I Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please Sign Here	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.			
	<div style="display: flex; justify-content: space-between;"> <div> </div> <div> Date 2/12/08 </div> </div>	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. X) P00362066	
Paid Preparer's Use Only	Preparer's signature			
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG U.S. LLP 5451 LAKEVIEW PARKWAY S. DRIVE INDIANAPOLIS, IN 46268		EIN 34-6565596 Phone no. 317-280-3400	

Form **8453-EO****Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2006, or tax year beginning 07/01, 2006, and ending 06/30, 20 07

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

2006Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

CHICAGO LIGHTHOUSE FOR PEOPLE36-2169139**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>20442914.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my Intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here	<u><i>Maya...</i></u>	<u>2-11-08</u>	<u>CFO</u>
	Signature of officer	Date	Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4208, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's Signature	<u><i>B...</i></u>	Date	<u>2/11/08</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>700362066</u>	
	Firm's name (or yours if self-employed), address, and ZIP code	<u>ERNST & YOUNG U.S. LLP</u>								EIN	<u>34 6565596</u>
		<u>5451 LAKEVIEW PARKWAY S. DRIVE</u>									
		<u>INDIANAPOLIS</u>									<u>IN 46268</u>
										Phone no.	<u>317-280-3400</u>

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's Signature	<u></u>	Date	<u></u>	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN	<u></u>	
	Firm's name (or yours if self-employed), address, and ZIP code	<u></u>						EIN	<u></u>
								Phone no.	<u></u>

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2006)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization **CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED**

Employer identification number

36-2169139

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 29				
Total number of other employees paid over \$50,000 . . ▶		40		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 30		
Total number of others receiving over \$50,000 for professional services ▶		2

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 31		
Total number of other contractors receiving over \$50,000 for other services ▶		0

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

Schedule A (Form 990 or 990-EZ) 2006

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ☐
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,802,135.	7,085,874.	7,389,091.	5,415,532.	26,692,632.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	7,067,479.	4,485,690.	4,577,537.	2,858,596.	18,989,302.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	651,176.	582,085.	589,270.	682,482.	2,505,013.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	14,520,790.	12,153,649.	12,555,898.	8,956,610.	48,186,947.
24 Line 23 minus line 17.	7,453,311.	7,667,959.	7,978,361.	6,098,014.	29,197,645.
25 Enter 1% of line 23.	145,208.	121,536.	125,559.	89,566.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) <u>4,006,668.</u> (2004) <u>2,695,326.</u> (2003) <u>2,819,214.</u> (2002) <u>1,745,223.</u> c Add: Amounts from column (e) for lines: 15 <u>26,692,632.</u> 16 _____ 17 <u>18,989,302.</u> 20 _____ 21 _____					27c 45,681,934.
d Add: Line 27a total, and line 27b total					27d 11,266,431.
e Public support (line 27c total minus line 27d total).					27e 34,415,503.
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 48,186,947.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)).					27g 71.4208 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 5.1985 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Lobbying nontaxable amount					
Lobbying ceiling amount (150% of line 45(e)) . .					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
Grassroots ceiling amount (150% of line 48(e)) . . .					
Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		100,630.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			100,630.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 35**

Schedule B(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2006Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED

Employer identification number

36-2169139

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

Special Rules -

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization **CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED**

Employer identification number
36-2169139

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED**

Employer identification number
36-2169139

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FORM 990, PART III, ADDITIONAL INFORMATION

LIGHTHOUSE INDUSTRIES (INCLUDES VA SUPPLY PROJECT)

ESTIMATED # OF CLIENTS SERVED: 4,336

COST: \$4,471,131

INSTRUCTIONAL MATERIALS CENTER

ESTIMATED # OF CLIENTS SERVED: 4,133

COST: \$2,600,963

CHILD DEVELOPMENTAL CENTER

ESTIMATED # OF CLIENTS SERVED: 36

COST: \$1,734,653

LOW VISION CLINIC

ESTIMATED # OF CLIENTS SERVED: 4,997

COST: \$865,981

ADULT LIVING SKILLS

ESTIMATED # OF CLIENTS SERVED: 41

COST: \$419,011

BIRTH TO THREE

ESTIMATED # OF CLIENTS SERVED: 163

COST: \$503,005

GOVERNMENT SERVICE CONTRACTS

ESTIMATED # OF CLIENTS SERVED: 19

COST: \$356,946

ADAPTIVE TECHNOLOGY

ESTIMATED # OF CLIENTS SERVED: 1,836

COST: \$255,628

WORK ACTIVITIES CENTER

ESTIMATED # OF CLIENTS SERVED: 38

COST: \$210,612

OFFICE SKILLS

ESTIMATED # OF CLIENTS SERVED: 83

COST: \$173,104

JOB PLACEMENT

ESTIMATED # OF CLIENTS SERVED: 552

COST: \$233,069

SUPPORTED EMPLOYMENT

ESTIMATED # OF CLIENTS SERVED: 31

COST: \$140,743

WORK ADJUSTMENT TRAINING

ESTIMATED # OF CLIENTS SERVED: 20

COST: \$103,228

VOCATIONAL EVALUATION

ESTIMATED # OF CLIENTS SERVED: 95

COST: \$182,408

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

DEAF/BLIND

ESTIMATED # OF CLIENTS SERVED: 70

COST: \$112,975

SCHOLARSHIP PROGRAM (GRANTS OF \$72,703 AWARDED)

ESTIMATED # OF CLIENTS SERVED: 72

COST: \$96,526

ELDERLY

ESTIMATED # OF CLIENTS SERVED: 207

COST: \$90,655

SENIORS COMPUTER

ESTIMATED # OF CLIENTS SERVED: 186

COST: \$138,739

COLLECTIONS TRAINING

ESTIMATED # OF CLIENTS SERVED: 12

COST: \$89,311

MOBILITY

ESTIMATED # OF CLIENTS SERVED: 48

COST: \$70,117

SOCIAL SERVICES

ESTIMATED # OF CLIENTS SERVED: 22,389

COST: \$2,982

I.T.A.C.

ESTIMATED # OF CLIENTS SERVED: 18

COST: \$36,777

CRIS RADIO

ESTIMATED # OF CLIENTS SERVED: 40,635

COST: \$242,424

LEGAL CLINIC

ESTIMATED # OF CLIENTS SERVED: 120

COST: \$80,727

YOUTH PROGRAM

ESTIMATED # OF CLIENTS SERVED: 189

COST: \$32,984

HELP DESK

ESTIMATED # OF CLIENTS SERVED: 392

COST: \$86,895

MIDWAY

ESTIMATED # OF CLIENTS SERVED: 6

COST: \$108,425

TOTAL

ESTIMATED # OF CLIENTS SERVED: 80,724

COST: \$13,440,019

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

FORM 990, PART II, LINE 42 AND PART IV, LINE 57

LAND

COST: \$131,872

ACCUMULATED DEPRECIATION: \$0

NET: \$131,872

BUILDING & IMPROVEMENTS

COST: \$ 10,450,389

ACCUMULATED DEPRECIATION: \$5,164,666

NET: \$5,285,723

MACHINERY & EQUIPMENT

COST: \$4,773,537

ACCUMULATED DEPRECIATION: \$3,814,111

NET: \$959,426

FURNITURE & FIXTURES

COST: \$408,716

ACCUMULATED DEPRECIATION: \$356,062

NET: \$52,654

CONSTRUCTION IN PROGRESS

COST: \$66,121

ACCUMULATED DEPRECIATION: \$0

NET: \$66,121

TOTAL

COST: \$15,830,635

ACCUMULATED DEPRECIATION: \$9,334,839

NET: \$6,495,796

CURRENT YEAR DEPRECIATION EXPENSE OF \$732,692 WAS CALCULATED USING THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FORM 990, PART VIII

RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE 93 A - LIGHTHOUSE INDUSTRIES SALES

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED PROVIDES REHABILITATION, TRAINING AND EMPLOYMENT FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, IN ACCORDANCE WITH ITS EXEMPT PURPOSES. INCOME RECEIVED RELATES TO WORK ON VARIOUS SUB-CONTRACT JOBS, DRY ERASE CALENDAR AND PLANNER BOARDS, VARIOUS PACKAGING ACTIVITIES AND ON A CLOCK LINE WHICH PRODUCES CLOCKS FOR THE FEDERAL GOVERNMENT. VARIOUS LOW VISION ITEMS ARE PACKAGED AND SOLD TO VA HOSPITALS AND BLIND CENTERS THROUGHOUT THE COUNTRY.

LINE 93 B - GOVERNMENT SERVICE CONTRACTS/MIDWAY VENDING KIOSK REVENUE

VARIOUS GOVERNMENT AGENCIES AND MIDWAY AIRPORT HAVE CONTRACTED WITH THE CHICAGO LIGHTHOUSE TO PROVIDE SERVICES AT DIFFERENT GOVERNMENT LOCATIONS AND MIDWAY. PERSONNEL ARE HIRED AND PAID BY THE CHICAGO LIGHTHOUSE.

LINE 93 C - NON-GOVERNMENT FEES & SALES

THE CHICAGO LIGHTHOUSE OPERATES A LOW VISION CLINIC WHICH PROVIDES SERVICES TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, ONE OF ITS EXEMPT PURPOSES. ITS SERVICES ARE AVAILABLE REGARDLESS OF ABILITY TO PAY. LAST YEAR, THE CHICAGO LIGHTHOUSE SERVED 1,916 PEOPLE IN ITS CLINIC AND 3,288 PEOPLE IN ITS ASSISTIVE DEVICES STORE AND HAD EXPENSES OF APPROXIMATELY \$866,000. OTHER NON-GOVERNMENT FEES INCLUDE \$675 IN PRIVATE PAYMENTS FOR BIRTH TO THREE SERVICES AND \$2,500 IN PRIVATE OFFICE SKILLS TRAINING FEES.

LINE 93 D - BRAILLING FEES

THE CHICAGO LIGHTHOUSE PROVIDES A SERVICE TO CUSTOMERS WHO NEED DOCUMENTS CONVERTED INTO BRAILLE. THIS SERVICE EMPLOYEES A PERSON WHO IS VISUALLY IMPAIRED.

LINE 93 E - VISION QUEST FEES & SALES

AS PART OF REHABILITATION AND TRAINING, A GROUP OF ADULTS WHO ARE BLIND OR VISUALLY IMPAIRED, PERFORM AS PART OF A MUSIC GROUP. LOCAL CORPORATIONS AND ORGANIZATIONS PAY A NOMINAL FEE FOR A PERFORMANCE, WHICH COVERS TRANSPORTATION COSTS, AS WELL AS A SMALL STIPEND FOR THE PERFORMERS. THIS GROUP INCLUDES PEOPLE ENROLLED IN OUR ADULT LIVING SKILLS PROGRAM AND OUR WORK ACTIVITIES PROGRAM.

LINE 93 G- GOVERNMENT FEES & GRANTS

THE LIGHTHOUSE PROVIDES REHABILITATION AND TRAINING FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED WITH FUNDS PROVIDED BY VARIOUS STATE AND OTHER GOVERNMENT ENTITIES. PROGRAMS INCLUDE A CHILDREN'S SCHOOL, ADULT DAY

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

PROGRAM, VARIOUS TRAINING AND EMPLOYMENT SERVICES, AND A SENIORS' PROGRAM.

LINE 101 - NET INCOME FROM FUNDRAISING EVENTS
FUNDRAISING EVENTS WERE HELD TO SUPPORT LIGHTHOUSE PROGRAMS WHICH AID PEOPLE WHO ARE VISUALLY IMPAIRED AND MULTI-DISABLED. FY05, FY06 AND FY07 INCLUDE A FUNDRAISING CAMPAIGN.

LINE 103 - MISCELLANEOUS
THE CHICAGO LIGHTHOUSE RECEIVES REVENUE FROM SEVERAL MISCELLANEOUS TYPES OF ACTIVITIES RELATED TO ITS EXEMPT PURPOSES. THE ACTIVITIES INCLUDE PROVIDING INFORMATION TO COUNTY, CITY, STATE AND FEDERAL AGENCIES, JURY DUTY, SPEAKING AND RECORDING FEES, AS WELL AS OTHER MINOR ACTIVITIES PERFORMED BY CLIENTS AS PART OF THEIR DAILY ACTIVITIES.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

SCHEDULE A, PART III, LINE 1

DURING FY07, THE CHICAGO LIGHTHOUSE CONTRACTED WITH A REGISTERED AND CERTIFIED LOBBYIST TO ASSIST IN MAKING KNOWN TO THE ILLINOIS LEGISLATURE AND THE GOVERNOR, ONGOING NEEDS OF THE LIGHTHOUSE AND THE EFFECT OF CERTAIN BILLS AND PROJECTS BEING PURSUED WITHIN THIS LEGISLATIVE BODY ON THE LIGHTHOUSE AND THE PEOPLE IT SERVES. THIS LOBBYIST ALSO COUNSELS THE CHICAGO LIGHTHOUSE ON VARIOUS WAYS OF APPROACHING GOVERNMENT BODIES, AT ALL LEVELS, WHEN THE NEED ARISES.

FORM 990, PART I - OTHER INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

ROYALTIES

2,399.

TOTAL

2,399.

=====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION -----	AMOUNT -----
ASSOCIATE BOARD HOUSEWALK	50,375.
ASSOCIATE BOARD MEMBERSHIP EVT	NONE
Y.P.B. - WINE EVT	13,180.
Y.P.B. - SWEETS FOR SIGHT	NONE
CHICAGO LIGHTHOUSE OPN DRS DIN	356,095.

TOTAL	419,650.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
ASSOCIATE BOARD HOUSEWALK	34,860.	12,532.	22,328.
ASSOCIATE BOARD MEMBERSHIP EVT	4,750.	2,611.	2,139.
Y.P.B. - WINE EVT	14,400.	18,268.	-3,868.
Y.P.B. - SWEETS FOR SIGHT	3,750.	1,012.	2,738.
CHICAGO LIGHTHOUSE OPN DRS DIN	100,450.	113,159.	-12,709.
	-----	-----	-----
TOTALS	158,210.	147,582.	10,628.
	=====	=====	=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED APPREC (DEPREC) ON INVESTMTS	1,879,439.

TOTAL	1,879,439.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID			
=====			
YASMINE ACOSTA-AGUAYO 6635 N. OLMSTED CHICAGO, IL 60631	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	3,197.
ASHLEY BUTLER 4852 S. KING DRIVE CHICAGO, IL 60615	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	5,000.
RAY CAMPBELL 460 RAINTREE COURT 3K GLEN ELLYN, IL 60137	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	4,960.
JACQUELINE CAMPOS 3923 S. CAMPBELL CHICAGO, IL 60632	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	4,965.
JOSHUA HENDRICKSON 813 PARK DRIVE BYRON, IL 61010	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	4,054.
CRYSTAL JONES 1235 S. MILARD ST. CHICAGO, IL 60623	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	5,000.
GARLAND LONZO JR 4911 W. ST. PAUL AVE CHICAGO, IL 60639	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	2,026.
ROSS LUDWIG 1713 QUEENSBURY CIRCLE HOFFMAN ESTATES, IL 60195	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	5,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
ANTHONY MUSSO 4828 W. 107TH ST OAK LAWN, IL 60453	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,157.
STEVEN SOBIE 590 MISTIC HARBOUR LANE SCHAUMBURG, IL 60193	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	5,000.
DURONNE WALKER 302 BUENAVISTA DR. APT B CHAMPAIGN, IL 61820	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	4,983.
MICHELLE WESLEY 6435 S. KNOX CHICAGO, IL 60629	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	2,888.
LANCE BARKE 1346 TIMBER OAK DR. METAMORA, IL 61548	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
JAMAICA BARTHOLOMEW 582 INGLESIDE PL. EVANSTON, IL 60201	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	767.
MATTHEW C BROUSSARD 1729 FOX RUN DRIVE LAKE CHARLES, LA 70605	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
MARVIN COLE 5730 S. ABERDEEN CHICAGO, IL 60621	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	998.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
JACQUELINE COOK 953 N. DRAKE 1ST FL CHICAGO, IL 60651	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	837.
JANA HERGERT 3930 23 AVE ROCK ISLAND, IL 61201	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
LAURI HUGHES 5710 COLORADO DR. SW CEDAR RAPIDS, IA 52404	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,015.
LAWRENCE HUNT 402 W. 118TH ST CHICAGO, IL 60628	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
ABRAHAM KAMARA 4741 N. SQUALDING AVE CHICAGO, IL 60625	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
ROBERT KARPIAK 732 MASON DR. LAGRANGE, IL 60525	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
JAHMIR LARRY 2033 S. FIFTH AVE MAYWOOD, IL 60153	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	920.
GARLAND LONZO SR 4911 W. ST. PAUL CHICAGO, IL 60639	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,029.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
RYAN MICHAELS 3209 CENTRAL ROAD ROLLING MEADOWS, IL 60008	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
JAYLENNE MOORE 237 E. WINTER ST. GREENVILLE, IL 62246	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
MAKAHLA ANNE ROBB 4590 WREN ROAD PINCKNEYVILLE, IL 62274	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
RICHARD STAUDER 41 GROTON DR. SPRINGFIELD, IL 62702	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
SHARON TRYBA 5337 N. MOBILE AVE CHICAGO, IL 60630	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,000.
DIONNE WALKER 1110 S. AUSTIN BLVD APT2 OAK PARK, IL 60304	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	1,407.
ERIKA WISON 1111 S. LAFLIN ST. APT 1607 CHICAGO, IL 60607	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	857.
SHUNDA MCCARTHY 4231 S. LANGLEY ST. #1A CHICAGO, IL 60653	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
TIM SPENCER 506 WESTCHESTER SCHAUMBURG, IL 60193	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	2,500.
MICHAEL MOORE 12339 MUMFORD RD GARRETTSVILLE, OH 44231	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	243.
DAVID WRIGHT 333 W. LAKE ST. ADDISON, IL 60101	STUDENT	FUNDING FOR QUALIFIED EDUCATIONAL OR TRAINING PROGRAM	2,400.
		TOTAL CONTRIBUTIONS PAID	72,703.

=====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====

DESCRIPTION -----	PROGRAM SERVICES -----
RENTS; UTILITIES; MEDICINES	107.
TOTALS	----- 107. =====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

SOCIAL SERVICE AGENCY TO AID VISUALLY IMPAIRED & MULTI DISABL

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

EXPLANATION OF MAIN PROGRAMS:

LIGHTHOUSE INDUSTRIES:

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED PROVIDES REHABILITATION, TRAINING AND EMPLOYMENT FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. WORKERS ARE EMPLOYED AT VARIOUS SUB-CONTRACT JOBS, DRY ERASE BOARDS, PACKAGING PROJECTS, AND ON A CLOCK LINE WHICH MANUFACTURES CLOCKS MAINLY FOR THE FEDERAL GOVERNMENT. THE LIGHTHOUSE ALSO SUPPLIES THE VETERANS ADMINISTRATION WITH LOW VISION DEVICES, WHO IN TURN PROVIDES THESE DEVICES TO VETERANS WHO ARE BLIND OR VISUALLY IMPAIRED. THIS VA CONTRACT ALLOWS US TO EMPLOY AN ADDITIONAL NUMBER OF WORKERS, AS THEY TAKE, FILL AND SHIP ORDERS. THE RECIPIENTS OF THE GOODS ARE ALSO COUNTED AS PEOPLE SERVED.

ILLINOIS INSTRUCTIONAL MATERIALS CENTER:

THE CHICAGO LIGHTHOUSE ADMINISTERS THE INSTRUCTIONAL MATERIALS CENTER FOR THE STATE OF ILLINOIS. THIS PROJECT SUPPLIES LARGE PRINT AND BRAILLE TEXT BOOKS, AS WELL AS ADAPTIVE EQUIPMENT, TO SCHOOL AGE STUDENTS WITHIN THE STATE OF ILLINOIS, WHO ARE BLIND OR VISUALLY IMPAIRED. THESE ITEMS ARE ORDERED BY THE STUDENT'S SCHOOL DISTRICT AND ARE PROVIDED FREE OF CHARGE. ADAPTIVE EQUIPMENT SUCH AS CCTV'S, BRAILLE PRINTERS, TALKING AND LARGE SCREEN SOFTWARE ARE LOANED UPON REQUEST, AS WELL.

CHILDREN'S DEVELOPMENT CENTER:

THIS PROGRAM PROVIDES SERVICES TO CHILDREN, BETWEEN THE AGES OF 3 AND 21, WHO ARE BLIND, VISUALLY IMPAIRED AND/OR MULTI-DISABLED. SERVICES INCLUDE EDUCATIONAL ACTIVITIES AS WELL AS DAILY LIVING SKILLS AND RECREATIONAL ACTIVITIES. PHYSICAL, OCCUPATIONAL, SPEECH, AND MUSIC THERAPY ARE ADDITIONAL SERVICES PROVIDED.

LOW VISION CLINIC:

THIS PROGRAM PROVIDES DIAGNOSTIC, REHABILITATIVE AND OPTOMETRIC SERVICES TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. OUR DOCTORS ARE SPECIFICALLY TRAINED IN THE FIELD OF LOW VISION. SERVICES ARE AVAILABLE REGARDLESS OF ONE'S ABILITY TO PAY.

FOR A MORE DETAILED BREAKDOWN, PLEASE REFER TO THE GEA

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
AURORA FUNDS	2,227,902.	FMV
AURORA RELATIVE FUND	40,632.	FMV

TOTALS	2,268,534.	
	=====	

FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION -----	ENDING BOOK VALUE -----
ACCRUED INVESTMENT INCOME	84,667.

TOTALS	84,667.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JOEL KAPLAN 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	CHAIRMAN 0.50	NONE	NONE	NONE
DENNIS GIERTZ 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	VICE CHAIRMAN 0.50	NONE	NONE	NONE
ROBERT PROCTOR 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	TREASURER 0.50	NONE	NONE	NONE
BRUCE FOUDREE 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	IMMEDIATE PAST CHAIRMAN 0.50	NONE	NONE	NONE
R RAZZ JENKINS 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	SECRETARY 0.50	NONE	NONE	NONE
TOM LIVINGSTON 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	ASS'T TREASURER 0.50	NONE	NONE	NONE
GLORIA KEARNEY 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	ASS'T SECRETARY 0.50	NONE	NONE	NONE
SANDRA FORSYTHE 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	MEMBER-AT-LARGE 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
PAUL SCHER 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	MEMBER-AT-LARGE 0.50	NONE	NONE	NONE
JAMES KESTELOOT 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	PRESIDENT/EXEC DIR 40.00	156,000.	20,321.	143.
COMPENSATION OF \$156,000, DEFERRED COMPENSATION AND CONTRIBUTIONS TO BENEFIT PLANS OF \$20,321, AND ADDITIONAL EXPENSES OF \$143 WERE PAID BY THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED TO ITS PRESIDENT/EXECUTIVE DIRECTOR, JAMES KESTELOOT, WHO DEVOTED HIS FULL TIME TO THE DUTIES OF HIS POSITION.				
RICHARD BOYKIN 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
DAVID BRINT 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
THOMAS BURRELL 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
FRANKLIN A CHANEN 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
WILLIAM CONAGHAN 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
DR THOMAS DEUTSCH 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
JAMES GLICKERT 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
BRUCE HAGUE 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
DOUG KENTFIELD 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
RICH KING 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
CARL KONRATH 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
MANUS KRAFF 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
THEODORE MAZOLA 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
JUDY MCCASKEY 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
MICHAEL PANITCH 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
PAUL RINK 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
DENNIS RYAN 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
ROBERT ROURKE 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
PAUL SCHER 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
JULIE STARK 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
BRYAN TRAUBERT 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
DONALD VILIM 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
JEROME WHITE 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	DIRECTOR 0.50	NONE	NONE	NONE
	GRAND TOTALS	156,000.	20,321.	143.

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FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS -----	LOANS AND ADVANCES -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
NICHOLAS POMARO 1850 W ROOSEVELT ROAD CHICAGO, IL 60608	NONE	51,997.	1,950.	NONE
GRAND TOTALS	NONE	51,997.	1,950.	NONE

FORM 990, PART VII - PROGRAM SERVICE REVENUE

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DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
LIGHTHOUSE INDUSTRIES SALES					3,427,395.
GOVERNMENT SERVICE CONTRACTS & MIDWAY					531,180.
NON-GOVT FEES & SALES					404,266.
BRAILLING FEES					8,823.
VISION QUEST FEES & SALES					4,453.
		-----		-----	-----
TOTALS					4,376,117.
		=====		=====	=====

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
MARY LYNNE JANUSZEWSKI 1850 W ROOSEVELT RD CHICAGO, IL 60608	CFO 40.00	99,855.	24,164.	NONE
ROBERT CUMMINGS 1850 W ROOSEVELT RD CHICAGO, IL 60608	DIR - DEVELOPMENT 40.00	109,430.	11,465.	243.
MARY ZABELSKI 1850 W ROOSEVELT RD CHICAGO, IL 60608	SR DIR-CHILDR PROGR 40.00	99,689.	20,621.	146.
TERRENCE LONGO 1850 W ROOSEVELT RD CHICAGO, IL 60608	ASS'T EXEC DIRECTOR 40.00	101,741.	11,552.	NONE
KARA HAGERMAN 1850 W ROOSEVELT RD CHICAGO, IL 60608	DIR-LV REHAB SVCS 40.00	90,573.	10,250.	NONE
	TOTAL COMPENSATION	----- 501,288. =====	----- 78,052. =====	----- 389. =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

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WILLIAM BLAIR AND COMPANY 222 W ADAMS ST CHICAGO, IL 60603	INVESTMENT ADVISOR	132,029.
ERNST AND YOUNG LLP 233 S WACKER DRIVE CHICAGO, IL 60603	AUDIT & ACCTG SVCS	91,750.
RUSH UNIVERSITY COLLEGE OF NURSING 600 S PAULINA CHICAGO, IL 60612	NURSING SERVICES	65,270.
MAZUR AND ASSOCIATES 990 N LAKESHORE DR #21A CHICAGO, IL 60611	LOBBYIST	92,150.
SELECT MEDICAL REHAB SERVICES P.O. BOX 643920 PITTSBURGH, PA 15264 TYPE OF SERVICE: PHYSICAL, OCCUPATIONAL, SPEECH THERAPISTS AND ASSISTANTS	SEE DESCRIPTION	193,377.

TOTAL COMPENSATION

574,576.
=====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

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SUPER G INC 1850 W ROOSEVELT RD CHICAGO, IL 60608	MEAL & CAFETERIA SVC	236,979.
MCSQUARED INC 3064 FOOT HILL DRIVE THOUSAND OAKS, CA 91361 TYPE OF SERVICE: PUBLICATIONS, PRINTING & DESIGN	SEE DESCRIPTION	155,924.
DELTA CONTROL 105 S YORK STREET ELMHURST, IL 60126 TYPE OF SERVICE: HVAC MAINTENANCE CONTRACT & REPAIR	SEE DESCRIPTION	98,856.
LIBRARY REPRODUCTION SERVICES 14214 SOUTH FIGUEROA STREET LOS ANGELES, CA 90061	BRAILLING TEXTBOOKS	93,232.
MALCOLM BRYANT MID MICHIGAN BRAILLE 217 N COURT ST ALMA, MI 48801	BRAILLING TEXTBOOKS	50,925.
TOTAL COMPENSATION		----- 635,916. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

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AS A RESULT OF A BOARD OF DIRECTORS APPROVED TRANSACTION, A BOARD MEMBER FURNISHED, THROUGH THE COMPANY HE WORKS FOR, AN ANNUITY FOR AN OFFICER AT THE CHICAGO LIGHTHOUSE. THE COMPANY WAS REIMBURSED FOR THIS ANNUITY. THREE ADDITIONAL SENIOR MANAGEMENT PEOPLE WERE ALSO FURNISHED ANNUITIES THROUGH THIS SAME COMPANY DURING 2007. THIS COMPANY WAS REIMBURSED FOR THESE ANNUITIES. THE ANNUITIES WERE REIMBURSED AT ARMS-LENGTH.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
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SEE FORM 990, PART V-A

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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THE CHICAGO LIGHTHOUSE AWARDS SCHOLARSHIPS, THRU THE GENEROSITY OF VARIOUS DONORS, TO ASSIST PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED IN FURTHERING THEIR EDUCATION, BELIEVING THAT EDUCATIONAL OPPORTUNITIES, OVER TIME, WILL CONVERT TO GREATER OPPORTUNITIES FOR EMPLOYMENT. AN APPLICANT, TO BE ELIGIBLE, MUST BE BLIND OR VISUALLY IMPAIRED, VERIFIED WITH AN EYE REPORT. BEYOND THAT, SCHOLARSHIPS ARE AVAILABLE TO THIS GROUP FOR UNDERGRADUATE, GRADUATE, VOCATIONAL OR OTHER CERTIFICATE OR TRAINING PROGRAM. APPLICANT MUST PROVE ENROLLMENT FOR THE UPCOMING SCHOOL YEAR. ONCE ENROLLED, THE SCHOLARSHIP CAN COVER TUITION, ROOM AND BOARD, BOOKS, TRANSPORTATION, AND/OR OTHER EXPENSES DEEMED APPROPRIATE BY THE SCHOLARSHIP COMMITTEE.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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DURING FY07, THE CHICAGO LIGHTHOUSE CONTRACTED WITH A REGISTERED AND CERTIFIED LOBBYIST TO ASSIST IN MAKING KNOWN TO THE ILLINOIS LEGISLATURE AND THE GOVERNOR, ONGOING NEEDS OF THE LIGHTHOUSE AND THE EFFECT OF CERTAIN BILLS AND PROJECTS BEING PURSUED WITHIN THIS LEGISLATIVE BODY ON THE LIGHTHOUSE AND THE PEOPLE IT SERVES. THIS LOBBYIST ALSO COUNSELS THE CHICAGO LIGHTHOUSE ON VARIOUS WAYS OF APPROACHING GOVERNMENT BODIES, AT ALL LEVELS, WHEN THE NEED ARISES.

36-2169139

[illegible]

**Return by a U.S. Transferor of Property
to a Foreign Corporation**

▶ Attach to your income tax return.

OMB No. 1545-0026

Attachment
Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor **THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED** Identifying number (see instructions) **36-2169139**

1 If the transferor was a corporation, complete questions 1a, 1b, and 1c.

- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 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

- 2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), list the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) **AURORA OFFSHORE FUND LTD II** 4 Identifying number, if any

5 Address (including country) **C/O BISYS HEDGE FUND SERVICES 27 HOSPITAL RD, PO BOX 1
GEORGE TOWN GRAND CAYMAN CJ KY1-1109**

6 Country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)

PASSIVE FOREIGN INVESTMENT COMPANY

8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see page 4.

Form **926** (Rev. 12-2005)

Part III Information Regarding Transfer of Property (see instructions)

9 Date of transfer 04/01/2007 **10** Type of nonrecognition transaction (see instructions)

11 Description of property transferred:
\$250,000 CASH

- 12** Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No
- 13** Was the transferor required to recognize income under Temporary Regulations sections 1.367(a)-4T through 1.367(a)-6T (e.g., for tainted property, depreciation recapture, branch loss recapture, etc.)? ☐ Yes ☒ No
- 14a** Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☒ No
- b** If yes, describe the nature of the rights to the intangible property that was transferred in the transfer: