

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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE CHICAGO LIGHTHOUSE FOR PEOPLE	D Employer identification number 36-2169139
		Doing Business As WHO ARE BLIND OR VISUALLY IMPAIRED	E Telephone number (312) 666-1331
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1850 W ROOSEVELT ROAD	G Gross receipts \$ 28,235,005
		City or town, state or country, and ZIP + 4 CHICAGO, IL 60608	
F Name and address of Principal Officer Janet Szlyk 1850 W Roosevelt Rd Chicago, IL 60608		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(c) Group Exemption Number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Web site: www.thechicagolighthouse.org			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1906	M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE CHICAGO LIGHTHOUSE, a NOT FOR PROFIT agency, strives to provide quality educational, clinical, rehabilitation and vocational services to people who are blind and visually impaired		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of employees (Part V, line 2a)	5	329
	6 Total number of volunteers (estimate if necessary)	6	209
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34	7a 7b	0 0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	9,219,387	7,192,717
	9 Program service revenue (Part VIII, line 2g)	7,956,839	4,882,801
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,402,317	-923,051
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,295	169,372
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,638,838	11,321,839
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	98,220	76,602
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,162,959	8,809,861
	16a Professional fundraising fees (Part IX, column (A), line 11e) b (Total fundraising expenses, Part IX, column (D), line 25 <u>1,106,836</u>)	24,924	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	8,866,933	6,450,875
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	18,153,036	15,337,338
	19 Revenue less expenses Subtract line 18 from line 12	1,485,802	-4,015,499
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	42,403,023	31,733,098
	21 Total liabilities (Part X, line 26)	1,548,234	1,524,415
	22 Net assets or fund balances Subtract line 21 from line 20	40,854,789	30,208,683

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.

Please Sign Here	***** Signature of officer	2010-04-20 Date		
	JANET SZLYK PHD Exec Dir Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP 175 W JACKSON BLVD STE 2000 CHICAGO, IL 60604			EIN
				Phone no (312) 856-0200

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

4a (Code) (Expenses \$ 2,821,834 including grants of \$ 0) (Revenue \$ 149)
 The Instructional Materials Center for the State of Illinois is administered by The Chicago Lighthouse, funded through the Illinois State Board of Education, as well as an in-kind grant from the American Printing House for the Blind. This project supplies large print and Braille text books, as well as adaptive equipment, to school age students who are blind or visually impaired within the State of Illinois. 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. This enhances children with visual disabilities in their educational pursuits, from their first school years through high school graduation. 4,088 students received books, equipment or supplies during FY09.

4b (Code) (Expenses \$ 1,668,462 including grants of \$ 0) (Revenue \$ 1,891,149)
 The Children's Development Center of Chicago Lighthouse 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. 30 children were enrolled in the Children's Development Center during FY09.

4c (Code) (Expenses \$ 1,440,366 including grants of \$ 0) (Revenue \$ 599,874)
 The Chicago Lighthouse Industries Program 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 for the federal government and other commercial markets. 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. During FY09, 55 people were provided employment in these aspects of Lighthouse Industries and an estimated 3,326 received VA goods. Also included in this area of programming is a contract with the State of Illinois to create recipient Identification Numbers for various state agencies providing social service within Illinois. This contract provides employment for people with visual impairments, as well as an avenue for internships in the customer service field.




4d Other program services (Describe in Schedule O)
 (Expenses \$ 5,311,424 including grants of \$ 76,602) (Revenue \$ 2,573,544)

4e Total program service expenses \$ 11,242,086 *Must equal Part IX, Line 25, column (B).*

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)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II <input checked="" type="checkbox"/>	Yes	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <input checked="" type="checkbox"/>	Yes	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the U S ?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III <input checked="" type="checkbox"/>		No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II <input checked="" type="checkbox"/>		No
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III <input checked="" type="checkbox"/>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J <input checked="" type="checkbox"/>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 60		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 329		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		No
b	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 .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	Yes	
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed IL
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MARY LYNNE JANUSZEWSKI
 1850 W ROOSEVELT RD
 CHICAGO, IL 60608
 (312) 997-3664

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							736,020	0	245,402	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **6**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MORTENSON CONSTRUCTION 25 NORTHWEST POINT BLVD SUITE 100 ELK GROVE, IL 95624	GENERAL CONTRACTOR	597,558
SUPER G INC 1850 W ROOSEVELT RD CHICAGO, IL 60608	CAFETERIA SERVICES	283,239
SELECT MEDICAL REHABILITATION SERVI PO BOX 643920 PITTSBURGH, PA 15205	THERAPISTS & ASS'TS	195,896
LIBRARY REPRODUCTION SERVICES 14214 S FIGUEROA STEET LOS ANGELES, CA 90061	BRAILLING TEXTBOOKS	132,923
WILLIAM BLAIR COMPANY 222 W ADAMS STREET CHICAGO, IL 60608	INVESTMENT ADVISORS	128,012

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **6**

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 15,462					
	b	Membership dues					
		1b					
	c	Fundraising events 295,670					
		1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e 3,192,205					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,689,380					
g	Noncash contributions included in lines 1a-1f \$ 875,520						
h	Total (Add lines 1a-1f) 7,192,717						
Program Service Revenue			Business Code				
	2a	DEVELOPMENT CTR TUITION 611,600	1,891,150	1,891,150			
	b	FEES FROM GOV'T AGENCIES 624,310	944,899	944,899			
	c	GOV'T SERV CONTR & MIDWAY 624,410	1,045,790	1,045,790			
	d	LOW VISION FEES & SALES 621,990	678,176	678,176			
	e	EARLY INTERVENTION FEES 624,100	124,408	124,408			
	f	All other program service revenue	198,378	198,378			
g	Total. Add lines 2a-2f \$ 4,882,801						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)	412,989			412,989	
	4	Income from investment of tax-exempt bond proceeds	0				
	5	Royalties	1,342			1,342	
	6a			(i) Real	(ii) Personal		
		b	Gross Rents				
		c	Less rental expenses				
		d	Rental income or (loss)				
	d	Net rental income or (loss)					
	7a			(i) Securities	(ii) Other		
		b	Gross amount from sales of assets other than inventory 12,213,421				
		c	Less cost or other basis and sales expenses 13,549,461				
		d	Gain or (loss) -1,336,040				
d	Net gain or (loss) -1,336,040				-1,336,040		
8a	Gross income from fundraising events (not including \$ 63,019 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a 295,670						
b	Less direct expenses b 89,933						
c	Net income or (loss) from fundraising events -26,914				-26,914		
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a 847						
b	Less direct expenses b 1,403						
c	Net income or (loss) from gaming activities -556				-556		
10a	Gross sales of inventory, less returns and allowances a 3,449,783						
b	Less cost of goods sold b 3,272,369						
c	Net income or (loss) from sales of inventory 177,414		177,414				
		Miscellaneous Revenue		Business Code			
11a	PUBLIC ED EVENTS 900,099	4,500	4,500				
b	MISCELLANEOUS 900,099	13,586			13,586		
c							
d	All other revenue _____						
e	Total. Add lines 11a-11d \$ 18,086						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	11,321,839	5,064,715		-935,593		

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	76,602	76,602		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	721,618	136,177	494,656	90,785
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	6,538,624	5,068,993		587,449
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	289,915	224,753	39,115	26,047
9	Other employee benefits	805,524	624,473	108,680	72,371
10	Payroll taxes	454,180	221,166	185,889	47,125
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	59,706		59,706	
c	Accounting	85,000		85,000	
d	Lobbying	96,065		96,065	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	128,012		128,012	
g	Other	892,729	578,549	262,409	51,771
12	Advertising and promotion	218,740	209,207	4,173	5,360
13	Office expenses	861,389	646,910	173,966	40,513
14	Information technology	83,869	29,164	40,653	14,052
15	Royalties	0			
16	Occupancy	179,496	149,225	27,456	2,815
17	Travel	184,399	94,153	75,319	14,927
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	24,872	12,204	9,341	3,327
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	596,712	409,711	174,535	12,466
23	Insurance	79,380	31,628	47,343	409
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	IMC INSTRUCTIONAL MATERIALS	1,531,376	1,531,376		
b	CLIENT TRANS & MAINTENANCE	138,323	137,918	405	
c	BROKER COMMISSIONS	120,885	120,885		
d	OTHER EXPENSE	368,161	160,343	70,589	137,229
e	AMERICAN PRINTING HOUSE	801,761	778,649	22,922	190
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	15,337,338	11,242,086	2,988,416	1,106,836
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	445,464	1	111,260
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,296,404	3	3,258,806
	4 Accounts receivable, net	602,480	4	840,017
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	939,471	8	881,519
	9 Prepaid expenses and deferred charges	260,148	9	119,975
	10a Land, buildings, and equipment cost basis			
		10a 17,730,812		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 10,848,043	6,534,945	10c 6,882,769
	11 Investments—publicly traded securities	27,459,664	11	17,151,013
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	2,789,999	12	2,434,233
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	74,448	15	53,506	
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,403,023	16	31,733,098	
Liabilities	17 Accounts payable and accrued expenses	1,398,581	17	1,524,415
	18 Grants payable		18	
	19 Deferred revenue	149,653	19	0
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>		25	
	26 Total liabilities. Add lines 17 through 25	1,548,234	26	1,524,415
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	36,046,214	27	25,395,845
	28 Temporarily restricted net assets	3,369,024	28	3,375,098
	29 Permanently restricted net assets	1,439,551	29	1,437,740
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	40,854,789	33	30,208,683	
34 Total liabilities and net assets/fund balances	42,403,023	34	31,733,098	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes" to lines 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?	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization
THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number

36-2169139

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,085,874	6,802,135	7,278,933	9,379,402	7,256,583	37,802,927
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	4,485,690	7,067,479	6,853,298	7,956,839	8,332,584	34,695,890
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 1-5	11,571,564	13,869,614	14,132,231	17,336,241	15,589,167	72,498,817
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	2,695,329	4,006,668	4,293,118	4,354,548	4,383,419	19,733,082
c Total of lines 7a and 7b	2,695,329	4,006,668	4,293,118	4,354,548	4,383,419	19,733,082
8 Public Support (Subtract line 7c from line 6)						52,765,735

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	11,571,564	13,869,614	14,132,231	17,336,241	15,589,167	72,498,817
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	582,085	651,176	722,166	638,863	414,331	3,008,621
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	582,085	651,176	722,166	638,863	414,331	3,008,621
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 IV.)				25,813	18,086	43,899
13 Total Support (Add lines 9, 10c, 11 and 12)						75,551,337

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

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	69.841 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	69.75 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	3.982 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.71 %

19a 33 1/3% Tests - 2008. 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% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Nature and Source	2008	2007	2007	2005	2004	Public Education Events	4,500	0	0	0	Miscellaneous	13,586	25,813	0	0	0	-----
----- Total	18,086	25,813	0	0	0												

Additional Data

Software ID:

Software Version:

EIN: 36-2169139

Name: THE CHICAGO LIGHTHOUSE FOR PEOPLE

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
JAMES KESTELOOT , Ed to 8/08 , Pres	40 0	X		X				169,805	0	131,599
JOEL KAPLAN , IMMED PASTCHR	1 0	X		X				0	0	0
TOM LIVINGSTON , DIRECTOR	1 0	X						0	0	0
JUDY MCCASKEY , DIRECTOR	1 0	X						0	0	0
DONALD VILIM , SECRETARY	1 0	X		X				0	0	0
RICHARD BOYKIN , DIRECTOR	1 0	X						0	0	0
THOMAS BURRELL , DIRECTOR	1 0	X						0	0	0
FRANKLIN CHANEN , DIRECTOR	1 0	X						0	0	0
JOHN COLEMAN , DIRECTOR	1 0	X						0	0	0
THOMAS DEUTSCH , DIRECTOR	1 0	X						0	0	0
SANDRA FORSYTHE , DIRECTOR	1 0	X						0	0	0
BRUCE FODREE , DIRECTOR	1 0	X						0	0	0
DENNIS GIERTZ , DIRECTOR	1 0	X						0	0	0
DAVID HUBER , DIRECTOR	1 0	X						0	0	0
RONALD KAPLAN , DIRECTOR	1 0	X						0	0	0
GLORIA KEARNEY , DIRECTOR	1 0	X						0	0	0
DOUGLAS KENTFIELD , DIRECTOR	1 0	X						0	0	0
RICH KING , DIRECTOR	1 0	X						0	0	0
MANUS KRAFF , DIRECTOR	1 0	X						0	0	0
THEODORE MAZOLA , DIRECTOR	1 0	X						0	0	0
MIKE MEEHAN , DIRECTOR	1 0	X						0	0	0
LAURA NADLER , DIRECTOR	1 0	X						0	0	0
MICHAEL PANITCH , DIRECTOR	1 0	X						0	0	0
ROBERT ROURKE , DIRECTOR	1 0	X						0	0	0
ARTURO SAENZ , DIRECTOR	1 0	X						0	0	0
PAUL SCHER , DIRECTOR	1 0	X						0	0	0
ROBERT PROCTOR , ASS'T TREASURER	1 0	X		X				0	0	0
DIANA SORFLEET , DIRECTOR	1 0	X						0	0	0
JULIE STARKE , DIRECTOR	1 0	X						0	0	0
BRYAN TRAUBERT , DIRECTOR	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEROME WHITE , DIRECTOR	1 0	X						0	0	0
WILLIAM CONAGHAN , CHAIRMAN	2 0	X		X				0	0	0
BRUCE HAGUE , TREASURER	1 0	X		X				0	0	0
R RAZZ JENKINS , VICE - CHAIRMAN	1 0	X		X				0	0	0
David Brint , Director	1 0	X						0	0	0
PAUL RINK , ASS'T SECRETARY	1 0			X				0	0	0
JANET SZLYK , EXEC DIR -08/08	40 0			X	X			88,172	0	390
TERRENCE LONGO , COO	40 0			X	X			111,931	0	12,609
MARY LYNNE JANUSZEWSKI , CFO	40 0			X	X			99,276	0	30,955
JENNIFER MILLER , DIR PLANNED GIVING	40 0					X		76,450	0	26,567
MARY ZABELSKI , CHILDRENS PROG DIR	40 0					X		104,322	0	22,169
KARA CRUMBLISS , DIR LV CLINIC	32 0					X		86,064	0	21,113

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a DEVELOPMENT CTR TUITION	611,600	1,891,150	1,891,150		
b FEES FROM GOV'T AGENCIES	624,310	944,899	944,899		
c GOV'T SERV CONTR & MIDWAY	624,410	1,045,790	1,045,790		
d LOW VISION FEES & SALES	621,990	678,176	678,176		
e EARLY INTERVENTION FEES	624,100	124,408	124,408		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Chicago Lighthouse, a not-for-profit agency, strives to provide the highest quality educational, clinical, vocational and rehabilitation services for children, youth and adults who are blind or visually impaired, including deaf-blind and multi-disabled. Established in 1906, the Chicago Lighthouse for People Who Are Blind or Visually Impaired serves as a leader, innovator, and advocate. The Chicago Lighthouse, a nonprofit organization, opens doors to opportunities, choices, jobs, and independence for people of all ages who are blind, visually impaired, deaf-blind, and multi-disabled.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

Open to Public Inspection

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

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

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

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

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number 36-2169139

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

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

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is:		
Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		
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 checked="" type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		
i Other activities If "Yes," describe in Part IV	Yes		96,065
j Total lines 1c through 1i			96,065
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes" enter the amount of any tax incurred under section 4912			
c If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Schedule C, Part II-B, Line 1i	Other Activities Description	The Chicago Lighthouse contracted with a registered and certified lobbyist to assist in making known to the Illinois legislature, Governor, and US representatives and senators, ongoing needs of The Lighthouse, as well as the effect of certain bills and projects being pursued within these legislatures on The Lighthouse and the people it serves. The Lobbyist also counsels the Chicago Lighthouse on various ways of approaching government bodies, all levels, when the need arises.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury Internal Revenue Service

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number 36-2169139

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed status.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

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

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

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

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

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

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

	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? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,828,952				
b Contributions					
c Investment earnings or losses	-301,186				
d Grants or scholarships					
e Other expenditures for facilities and programs	28,446				
f Administrative expenses					
g End of year balance	2,499,320				

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

- a** Board designated or quasi-endowment ▶ 1 %
- b** Permanent endowment ▶ 58 %
- c** Term endowment ▶ 41 %

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

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

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		131,872		131,872
b Buildings		10,563,180	5,860,873	4,702,307
c Leasehold improvements		1,239,183	0	1,239,183
d Equipment		4,983,258	4,264,531	718,727
e Other		813,319	722,639	90,680
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,882,769

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other AURORA FUND ALTERNATIVE	2,434,233	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶	2,434,233	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

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

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,321,839
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,337,338
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,015,499
4	Net unrealized gains (losses) on investments	4	-6,630,607
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-6,630,607
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-10,646,106

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

1	Total revenue, gains, and other support per audited financial statements	1	8,009,173
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-6,630,607
b	Donated services and use of facilities	2b	45,572
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,272,369
e	Add lines 2a through 2d	2e	-3,312,666
3	Subtract line 2e from line 1	3	11,321,839
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	11,321,839

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

1	Total expenses and losses per audited financial statements	1	18,655,279
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	45,572
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	3,272,369
e	Add lines 2a through 2d	2e	3,317,941
3	Subtract line 2e from line 1	3	15,337,338
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	15,337,338

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Schedule D, Part V, Line 4	Intended Uses of Endowment Fund	The Board Designated Endowment is maintained to generate investment income for funding of expenditures relating to activities of a Residency program in the low Vision Clinic Rehabilitation Service Earnings from various Term endowments provide funding for expenditures relating to services provided through the Low Vision Clinic to elderly, low-income patients and to services provided in the Office Skills Training Program Earnings from the Permanent Endowment fund Deaf-Blind program activities and general agency activities
Schedule D, Part XII, Line 2d	Other Revenue Reconciling Items	Cost of Goods Sold \$3,272,369 Total \$3,272,369
Schedule D, Part XIII, Line 2d	Other Expenses Reconciling Items	Cost of Goods Sold \$3,272,369 Total \$3,272,369
Schedule D, Part XIV	FIN 48	In December 2008, the FASB issued FSP FIN 48-3, "Effective Date of FASB Interpretation No 48 for Certain Nonpublic Enterprises " FSP FIN 48-3 permits an entity within its scope to defer the effective date of FASB Interpretation No 48 ("FIN 48"), "Accounting for Uncertainty in Income Taxes," to its annual financial statements for fiscal years beginning after December 15, 2008 The Chicago Lighthouse has elected to defer the effective date of FIN 48 until the year ending June 30, 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number 36-2169139

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

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

- a Mail solicitations, b 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 activities? Yes No

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

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

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

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>Annual Dinner</u> (event type)	<u>Assoc Bd House</u> (event type)	<u>4</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	246,714	56,363	55,612	358,689
	2 Less Charitable contributions	207,679	54,965	33,026	295,670
	3 Gross revenue (line 1 minus line 2)	39,035	1,398	22,586	63,019
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes	11,945		6,956	18,901
	6 Rent/Facility costs				
	7 Other direct expenses	45,414	8,070	17,548	71,032
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				89,933
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-26,914

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

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

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility **13a**
- b** An outside facility **13b**

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number 36-2169139

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

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

- 2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships	34	76,602	0	N/A	N/A

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

Identifier	Return Reference	Explanation
Schedule I, Part I, Line 2	Grantmaker's Description of How Grants are Used	The policy of The Chicago Lighthouse is to issue grant funds directly to the educational institution where the awardees attend school. A bill indicating the amount of tuition, book fees, room and board due is submitted to the Manager of the program and, if appropriate, is submitted to the Executive Director for approval. Accordingly, a check is cut. If the scholarship funds are to be used for something other than the previously stated items, proper receipts and other appropriate documentation is required before funds are released to the awardee. The Program manager maintains on-going contact with the recipients and follows their progress throughout their school years.
Schedule I, Part IV	Additional Supplemental Information	The Chicago Lighthouse annually awards scholarships 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. Beyond that, scholarships are available to this group for undergraduate, graduate, vocational or other certificate or training program. Once enrolled, the scholarship can cover tuition, room, board, books, transportation and/or other expenses deemed appropriate by the scholarship committee. Each year, scholarship applications are solicited thru mail, emails, Lighthouse publications, publications of other organizations, website and word of mouth. The Scholarship committee meets a number of times to review and rate all applications received, according to specific criteria. The dollar amount of donations received into the Scholarship program for the year determines the amount and number of scholarships available. Scholarships are awarded based on outcome of review process.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number
36-2169139

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<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 checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<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 checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p>b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
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<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a</p> <p>a Receive a severance payment or change of control payment?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>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</p>		No								
<p>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p>7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>		No								

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JAMES KESTELOOT	(i)	152,364	5,000	12,441	122,930	8,669	301,404	208,180
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

Open to Public Inspection

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Department of the Treasury Internal Revenue Service

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number 36-2169139

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Securities, Real estate, etc.

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

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, 33 regarding contribution policies and reporting.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization
THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number
36-2169139

Identifier	Return Reference	Explanation
Form 990, Part III, Line 2	New Services	The Chicago Lighthouse has incorporated research activities into its vision rehabilitation programs during FY09. The Low Vision Clinic and Rehabilitation team now includes qualified professionals who engage in cutting edge research to develop new methods of vision rehabilitation. It is important for us to be involved in research, and thus contribute to the field of rehabilitation to be perceived as a leader.

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Other Program Service Description	<p>The Low Vision Rehabilitation, Clinical and Research Service of The Chicago Lighthouse provides comprehensive diagnostic, rehabilitative, psychological, social work and optometric services to people who are blind or visually impaired and provides these services to patients of all ages at The Lighthouse and at a number of satellite locations within the Chicagoland area. Doctors and therapists are specifically trained in the field of Low Vision. Funded in part through private fees, Medicare and other insurance reimbursements, services are also available regardless of one's ability to pay, due to the generosity of a number of grants to support this effort. In conjunction with the exam process, various adaptive devices and/or glasses may be tested for compatibility and usefulness to the patient and purchase of such items might be encouraged as part of the patient's rehabilitative program. Services include appropriate training on use of such devices. This area also engages in cutting edge research activities to develop new methods of vision rehabilitation. During FY09, patients, participants, and consumers numbered 3,404. Expenses \$1,392,377. Revenues \$711,743. Grants \$0.</p> <p>The Chicago Lighthouse Birth to Three Family Intervention Program provides home-based and center-based services to families with children, from birth to three years of age, who have been identified or diagnosed with visual impairments. The Lighthouse staff and family members work together during a child's early stages of life to encourage and guide through the natural stages of physical, social, cognitive and emotional development. Services include developmental therapy, vision assessments, evaluations, optometric examinations through our low vision clinic, occupational therapy, transportation, social work and psychological services. During FY09 the Birth to Three program served 190 children and their families. Expenses \$475,643. Revenues \$124,408. Grants \$0.</p> <p>Vocational Training programs provide rehabilitation and training opportunities for people who are blind, visually impaired and multi-disabled, many of whom have never worked or who have experienced long-term unemployment. For those who are uncertain of a vocational goal, vocational evaluation services are also available. Industrial, janitorial, office skills, customer service and collections training and vocational evaluation opportunities exist due to partial funding provided through the State of Illinois. Upon completion of these programs, the individual moves to Employment Services, with skills necessary to be job-ready. During FY09 the Vocational Training programs provided services to 161 people. Expenses \$525,677. Revenues \$202,040. Grants \$0.</p> <p>Independent Living Services at The Chicago Lighthouse include programs which are designed to maximize independent living functions in the home, workplace and community at large. The Adult Living Skills Program administers lessons in daily living, academics and pre vocational training to its participants. People from this program join together to perform as the Chicago Lighthouse Vision Quest Music group, a part of their daily activities. They also take part in Recreation and social activities. Mobility Training Program allows for independence when travelling. Chicagoland Radio Information Service (CRIS) provides daily readings of new papers and periodicals, through use of volunteer readers who read verbatim from local newspapers and magazines and broadcast via special receivers placed in homes and other community locations as requested. CRIS also produces special interest programming dedicated to the needs and interests of people who are blind or visually impaired and also provides training and employment for people visually impaired or blind who might be interested in the field of broadcast communications. The Arthur and Esther Kane Legal Clinic provides pro-bono legal services to people who are blind or visually impaired with low income in metropolitan Chicago and throughout the United States. Many of the clients' needs and obstacles are related to their low income and disabled status that often affects their ability to access employment and education opportunities that would alleviate economic hurdles and lead to independence and self-sufficiency. Legal counsel and services provided can help navigate and overcome social stereotypes, workplace discrimination and heavy government assistance programs. CRIS estimates that during FY09 listeners numbered 41,322. Other programs in this section served 255 people during FY09. Expenses \$954,314. Revenues \$457,814. Grants \$0.</p> <p>Government Service Contracts provide jobs for qualified people who are blind or visually impaired, with The Lighthouse maintaining responsibility for recruiting, training and hiring for these positions and managing such contracts. Those employed are paid by The Lighthouse. During FY09 25 people maintained employment via these contracts. During FY09 State of Illinois Business Enterprise for the Blind contract was awarded to help identify various locations within the State where vending machines and/or cafeteria or convenience stores might be owned and operated by people who are blind or visually impaired, under the Randolph Sheppard Act. Expenses \$615,133. Revenues \$776,177. Grants \$0.</p> <p>Adaptive Technology and National Help Desk utilize assistive computer hardware and software to help individuals meet the challenges of a visual impairment. Specialists in this area assist individuals in selecting equipment that works best for them and assists in identifying funding sources. Services include evaluating the technological needs of a person.</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d CONTINUED	Other Program Service Description	<p>who is visually impaired or blind as relates to their work or home environment, determining compatibility of the assistive technology with existing equipment, set-up, training and follow-up Interaction and consultation with employers and company IT staff also takes place, when related to a job setting The National Help Desk is an assistive technology support line that helps people who are visually impaired or blind successfully resolve computer problems During FY09 1,183 people were served Expenses \$361,241 Revenues \$72,691 Grants \$0 Employment Services provides assistance to people who are visually impaired or blind as they prepare for and secure employment This full-service program provides resume and cover letter writing, interviewing techniques, and job leads The placement counselors work closely with employers, educating them about the awareness of visual impairments and performing task analysis in order to assist the coordination of job modification efforts Assistance is provided to help maximize vision through optical devices, maximizing productivity through job assessment and accommodations, and providing specialized equipment and training when needed Supported Employment and Job Coaching assistance are also provided when needed During FY09 480 people received services from these activities and 238 placements were made Expenses \$329,156 Revenues \$225,291 Grants \$0 Work Activities Center provides vocational work activities, peer involvement, contact with the community, recreational and leisure-time activities and an opportunity for participants to develop their personalities through adequate social functioning, independent living skills, rehabilitation and training During FY09 36 participants took part in activities provided by this program Expenses \$231,146 Revenues \$0 Grants \$0 Deaf-Blind Program serves people throughout the State of Illinois with varying degrees of visual and hearing losses, providing access to other Lighthouse programs, services within the community and appropriate referrals to agencies It assists with training on communication devices, provides case management, advocacy, crisis intervention, and other activities and services which promote independence and self-sufficiency for people with these dual disabilities During FY09, 116 people were served in these activities Expenses \$171,225 Revenues \$3,440 Grants \$0 Youth programs provide year-round individual attention to students between the ages of 14 and 24, as they encounter questions and issues relating to career development, schooling, vocational training, and transition into the work force The Chicago Lighthouse Scholarship Program provides scholarships to students pursuing undergraduate, graduate, and post graduate studies, as well as vocational training programs In FY09 300 people were served in our youth and scholarship programs Expenses \$138,179 Revenues \$0 Grants \$76,602 Seniors Program helps individuals, ages 55 and over, find new ways to accomplish daily responsibilities and learn new skills to continue to live an independent and productive life Computer training classes, activities and seminars offer participants the opportunity to meet other people, share information and learn about available resources for seniors in Chicago This program offers specific training to older adults who are blind or visually impaired in the use of assistive technology software and devices that enable participants to accomplish instrumental activities of daily living independently, including finding and utilizing resources, arranging travel and managing finances Monthly luncheons provide opportunities to socialize and to network and exchange resources and ideas During FY09 this program served 186 people Expenses \$117,333 Revenues \$0 Grants \$0</p> <p>DESCRIPTION GRANTS EXPENSES REVENUE INSTRUCTIONAL MATERIALS CENTER 2,821,834 149 CHILDRENS DEVELOPMENT CENTER 1,668,462 1,891,149 CHICAGO LIGHTHOUSE INDUSTRIES 1,440,366 599,874 OTHER PROGRAM SERVICES 76,602 5,331,424 2,537,544 ----- TOTALS 11,242,086 5,064,716</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	form 990 Review Process	990 is distributed among all members of the Board of Directors, either via email or hard copy, depending on the preferred method of communication Finance Committee, who has responsibility for reviewing all financial transactions of the Agency will review the mission statement, the program activities, report of compensation and the presentation of financial information for the year, all in light of the tax exempt status of the organization Upon completion of their review the 990 is filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Monitoring and Enforcement of Conflicts	Annually, Directors and Officers sign a Conflict of Interest form and disclose areas of potential conflict These forms are reviewed by the Board Chair and the Executive Director, with assistance from the Board Liaison If further action needs to be taken, the issue is brought before the Executive Committee and if necessary, the full board There is a requirement to review potential conflicts as situations may arise during the year As the Lighthouse embarks upon various business transactions, if there appears to be a potential conflict with a specific potential transaction the Lighthouse goes through the same process as is done with the Board members annual declarations - review, discussion with Exec Committee and if necessary, the issue is brought to a Board meeting

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Compensation Review & Approval Process	For the Executive Director position, salary survey was done utilizing data from 990 IRS forms from similar organizations that provide the same services and Chicagoland area organizations Guidestar org was utilized in order to obtain the information based on IRS data The following information was gathered from the organizations --- salary, benefits/deferred compensation, revenue, expenses, net assets, number of employees and clients served The salary survey was reviewed by the Board Search Committee which consisted of the President, Director of Human Resources and Board members A recommendation was made to the Board of Directors The Board of Directors approved the recommendation For other key positions within the Agency, salaries are approved as part of the annual budget approval process Every few years, or as need arises, surveys are done so that salary benchmarks can be determined When major changes are going to be made, this information may be brought to the Administrative Services and/or the Finance Committees of the Board

Identifier	Return Reference	Explanation
FORM 990, PART VI, LINE 19	Other Organization Documents Publicly Traded	All governing documents, financial statements and policies are available upon request Audited Financial Statements are filed with the IL-AG Office and are available on-line through multiple sources Summary financial statements are published within the Annual Report

Identifier	Return Reference	Explanation
Form 990, Part VII and Schedule J	Compensation reported on a calendar year	The 2008 Form 990, Schedule VII and Schedule J Part II reporting is to be completed using calendar year compensation (January 1, 2008 - December 31, 2008) The 2007 Form 990 was to be completed using fiscal year wages (July 1, 2007 - June 30, 2008) Therefore, the double-counting of compensation during the period of January 1, 2008 - June 30, 2008 will cause cumulative compensation to be overstated The double-counted compensation is reported on Schedule J column (f)