

THE CHICAGO LIGHTHOUSE FOR PEOPLE

Form 990 for the
Year Ended June 30, 2010

Public Disclosure Copy

Return of Organization Exempt From Income Tax

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

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		E Telephone number (312) 997-3664
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1850 W. ROOSEVELT ROAD		G Gross receipts \$ 28,695,821.
		City or town, state or country, and ZIP + 4 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)
F Name and address of principal officer: JANET SZLYK 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608		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		L Year of formation: 1906 M State of legal domicile: IL		
J Website: ▶ WWW.THECHICAGOLIGHTHOUSE.ORG		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

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 OR 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	37	
	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	320	
	6	Total number of volunteers (estimate if necessary)	6	253	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	3,000.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-14,658.		
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	7,192,717.	8,075,954.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,882,801.	4,241,116.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-923,051.	-98,420.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,321,839.	12,741,287.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	76,602.	60,219.
		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)	8,809,861.	8,206,756.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
			b Total fundraising expenses, Part IX, column (D), line 25	903,653.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,450,875.	6,209,928.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,337,338.	14,476,903.	
19		Revenue less expenses. Subtract line 18 from line 12	-4,015,499.	-1,735,616.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21	Total liabilities (Part X, line 26)	31,733,098.	32,358,240.	
	22	Net assets or fund balances. Subtract line 21 from line 20.	1,524,415.	2,827,690.	
		30,208,683.	29,530,550.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *Janet Szlyk, Phd* Date: 5/12/11
 JANET SZLYK, PHD PRESIDENT & EXEC DIR
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (see instructions)
	<i>Grant Thornton LLP</i>	5/9/11	<input checked="" type="checkbox"/>	36-6055558
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	
	GRANT THORNTON LLP 175 W. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604	36-6055558	312-856-0200	

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

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

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

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

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

- The books are in the care of **MARY LYNNE JANUSZEWSKI**
Telephone No. 312 997-3664 FAX No. 312 992-3654
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15/2011

5 For calendar year _____, or other tax year beginning 07/01/2009, and ending 06/30/2010

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

7 State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature *Ann M Petre* Title Partner Date 01/24/2011

GRANT THORNTON LLP
175 W. JACKSON BLVD. STE. 2000
CHICAGO, IL 60604

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

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

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

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

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

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

Telephone No. ▶ 312 997-3664 FAX No. ▶ 312 992-3654

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 07/01, 2009, and ending 06/30, 2010.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

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 501(c)(4) organizations and section 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 \$ 2,170,147. including grants of \$ _____) (Revenue \$ 797.)

ATTACHMENT 4

4b (Code: _____) (Expenses \$ 1,835,679. including grants of \$ _____) (Revenue \$ 904,326.)

ATTACHMENT 5

4c (Code: _____) (Expenses \$ 1,606,562. including grants of \$ _____) (Revenue \$ 926,198.)

ATTACHMENT 6

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 5,294,449. including grants of \$ _____) (Revenue \$ 2,936,408.)

4e Total program service expenses ▶ 10,906,837.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
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?		
25 a 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? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
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>		X
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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
	1 a 66		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2 a 320		
b	If at least one is reported on line 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. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5 c			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6 b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7 d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
7 h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9 b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12 b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (37), 1b Enter the number of voting members that are independent (35), 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? (X), 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? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X), 10b 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?, 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 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? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X), 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? (X), 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 Forms 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 [X] 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.
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 ROAD 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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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 current officer, director, or trustee.

(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			
RICHARD BOYKIN DIRECTOR	1.00	X						0.	0.	0.
DAVID BRINT DIRECTOR	1.00	X						0.	0.	0.
THOMAS BURRELL DIRECTOR	1.00	X						0.	0.	0.
FRANKLIN CHANEN DIRECTOR	1.00	X						0.	0.	0.
JOHN COLEMAN DIRECTOR	1.00	X						0.	0.	0.
THOMAS DEUTSCH DIRECTOR	1.00	X						0.	0.	0.
SANDRA FORSYTHE DIRECTOR	1.00	X						0.	0.	0.
BRUCE FOUFREE DIRECTOR	1.00	X						0.	0.	0.
DENNIS GIERTZ DIRECTOR	1.00	X						0.	0.	0.
DAVID HUBER DIRECTOR	1.00	X						0.	0.	0.
RONALD KAPLAN DIRECTOR	1.00	X						0.	0.	0.
GLORIA KEARNEY DIRECTOR	1.00	X						0.	0.	0.
DOUGLAS KENTFIELD DIRECTOR	1.00	X						0.	0.	0.
RICH KING DIRECTOR	1.00	X						0.	0.	0.
MANUS KRAFF DIRECTOR	1.00	X						0.	0.	0.
THEODORE MAZOLA DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (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			
MIKE MEEHAN DIRECTOR	1.00	X						0.	0.	0.
LAURA NADLER DIRECTOR	1.00	X						0.	0.	0.
MICHAEL PANITCH DIRECTOR	1.00	X						0.	0.	0.
ROBERT ROURKE DIRECTOR	1.00	X						0.	0.	0.
ARTURO SAENZ DIRECTOR	1.00	X						0.	0.	0.
PAUL SCHER DIRECTOR	1.00	X						0.	0.	0.
ROBERT PROCTOR ASS'T TREASURER	1.00	X		X				0.	0.	0.
DIANA SORFLEET DIRECTOR	1.00	X						0.	0.	0.
JULIE STARKE DIRECTOR	1.00	X						0.	0.	0.
BRYAN TRAUBERT DIRECTOR	1.00	X						0.	0.	0.
JEROME WHITE DIRECTOR	1.00	X						0.	0.	0.
WILLIAM CONAGHAN CHAIRMAN	2.00	X		X				0.	0.	0.
BRUCE HAGUE TREASURER	1.00	X		X				0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								909,975.	0.	81,895.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 97,498.				
	b	Membership dues	1b				
	c	Fundraising events	1c 333,378.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e 2,371,366.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 5,273,712.				
	g	Noncash contributions included in lines 1a-1f: \$	985,770.				
	h	Total. Add lines 1a-1f		8,075,954.			
Program Service Revenue				Business Code			
	2a	DEVELOPMENT CTR TUITION	611600	1,489,403.	1,489,403.		
	b	LOW VISION FEES & SALES	621990	904,301.	904,301.		
	c	FEES FROM GOV'T AGENCIES	624310	861,008.	861,008.		
	d	GOV'T SERV CONTR & MIDWAY	624410	723,879.	723,879.		
	e	LIGHTHOUSE INDUSTRIES	624310	118,218.	118,218.		
	f	All other program service revenue		144,307.	144,307.		
	g	Total. Add lines 2a-2f		4,241,116.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		351,187.			351,187.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		1,568.			1,568.
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	11,202,776.				
	b	Less: cost or other basis and sales expenses	11,652,383.				
	c	Gain or (loss)	-449,607.				
	d	Net gain or (loss)		-449,607.			-449,607.
	8a	Gross income from fundraising events (not including \$ 333,378. of contributions reported on line 1c). See Part IV, line 18	a	125,245.			
	b	Less: direct expenses	b	157,544.			
	c	Net income or (loss) from fundraising events			-32,299.		-32,299.
	9a	Gross income from gaming activities. See Part IV, line 19	a	2,946.			
	b	Less: direct expenses	b	2,384.			
c	Net income or (loss) from gaming activities			562.		562.	
10a	Gross sales of inventory, less returns and allowances	a	4,668,836.				
b	Less: cost of goods sold	b	4,142,223.				
c	Net income or (loss) from sales of inventory			526,613.	526,613.		
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS	900099	23,193.			23,193.	
b	ADVERTISING	541800	3,000.		3,000.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d			26,193.			
12	Total Revenue. See instructions			12,741,287.	4,767,729.	3,000.	-105,396.

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	60,219.	60,219.		
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	497,191.	69,432.	358,327.	69,432.
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	6,252,868.	4,924,515.	825,609.	502,744.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	170,718.	134,451.	22,541.	13,726.
9 Other employee benefits	743,516.	585,565.	98,171.	59,780.
10 Payroll taxes	542,463.	338,460.	160,844.	43,159.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	57,471.		57,471.	
c Accounting	72,115.		72,115.	
d Lobbying	63,512.		63,512.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	114,268.		114,268.	
g Other	1,039,254.	797,095.	157,767.	84,392.
12 Advertising and promotion	275,449.	265,384.	4,010.	6,055.
13 Office expenses	1,012,466.	793,023.	192,136.	27,307.
14 Information technology	94,586.	36,662.	47,094.	10,830.
15 Royalties	0.			
16 Occupancy	195,540.	146,566.	46,513.	2,461.
17 Travel	128,970.	73,944.	39,713.	15,313.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	10,119.	3,696.	4,898.	1,525.
20 Interest	5,083.		5,083.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	671,775.	437,973.	221,970.	11,832.
23 Insurance	94,940.	30,765.	63,667.	508.
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 AMERICAN PRINTING HOUSE	886,059.	867,027.	19,032.	
b IMC INSTRUCTIONAL MATERIALS	851,002.	851,002.		
c COMMISSIONS & REBATES	284,204.	284,204.		
d OTHER	218,986.	72,835.	91,562.	54,589.
e CLIENT TRANS & MAINTENANCE	134,129.	134,019.	110.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	14,476,903.	10,906,837.	2,666,413.	903,653.
26 Joint Costs. Check here <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	111,260.	1	327,252.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,258,806.	3	2,749,152.
	4 Accounts receivable, net	840,017.	4	1,042,298.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	881,519.	8	922,480.
	9 Prepaid expenses and deferred charges	119,975.	9	104,174.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,045,504.		
	b Less: accumulated depreciation	10b 11,700,496.	6,882,769.	10c 10,345,008.
	11 Investments - publicly traded securities	17,151,013.	11	13,677,107.
	12 Investments - other securities. See Part IV, line 11	2,434,233.	12	2,690,073.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	53,506.	15	500,696.
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,733,098.	16	32,358,240.	
Liabilities	17 Accounts payable and accrued expenses	1,524,415.	17	1,820,499.
	18 Grants payable		18	
	19 Deferred revenue		19	7,191.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	1,000,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,524,415.	26	2,827,690.
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	25,395,845.	27	24,717,354.
	28 Temporarily restricted net assets	3,375,098.	28	2,886,645.
	29 Permanently restricted net assets	1,437,740.	29	1,926,551.
	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	30,208,683.	33	29,530,550.
	34 Total liabilities and net assets/fund balances	31,733,098.	34	32,358,240.

Part XI Financial Statements and Reporting

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

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

Form **990** (2009)

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,802,135.	7,278,933.	9,379,402.	7,256,583.	8,075,954.	38,793,007.
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	7,067,479.	6,853,298.	7,956,839.	8,332,584.	8,909,952.	39,120,152.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					128,191.	128,191.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	13,869,614.	14,132,231.	17,336,241.	15,589,167.	17,114,097.	78,041,350.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	4,006,668.	4,293,118.	4,354,548.	4,383,419.	4,682,339.	21,720,092.
c Add lines 7a and 7b.	4,006,668.	4,293,118.	4,354,548.	4,383,419.	4,682,339.	21,720,092.
8 Public support (Subtract line 7c from line 6.)						56,321,258.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	13,869,614.	14,132,231.	17,336,241.	15,589,167.	17,114,097.	78,041,350.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	651,176.	722,166.	638,863.	414,331.	352,755.	2,779,291.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	651,176.	722,166.	638,863.	414,331.	352,755.	2,779,291.
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.) <u>ATCH 1</u>			25,813.	18,086.	23,193.	67,092.
13 Total support. (Add lines 9, 10c, 11, and 12.)	14,520,790.	14,854,397.	18,000,917.	16,021,584.	17,490,045.	80,887,733.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	69.63%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	69.84%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.44%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.98%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
PUBLIC EDUCATION EVENTS				4,500.		4,500.
MISCELLANEOUS			25,813.	13,586.	23,193.	62,592.
TOTAL			<u>25,813.</u>	<u>18,086.</u>	<u>23,193.</u>	<u>67,092.</u>

Schedule of Contributors

2009

▶ Attach to Form 990, 990-EZ, or 990-PF.

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
------------------------------------------------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(³) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 1,369,980.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 894,973.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 586,534.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 450,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____	\$ 194,584.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	DEVICES, BOOKS, MATERIALS, BRAILLERS, AND EQUIPMENT FOR USE BY STUDENTS AND PROGRAM PARTICIPANTS WHO ARE LEGALLY BLIND.	\$ 894,973.	VARIOUS
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
------------------------------------------------------------	----------------------------------------------

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group.
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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Total amount: 63,512.

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions).

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.

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

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 U.S. 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)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

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

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 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	2,563,090.	2,892,722.			
b Contributions					
c Net investment earnings, gains, and losses	109,162.	-301,186.			
d Grants or scholarships					
e Other expenditures for facilities and programs	24,561.	28,446.			
f Administrative expenses					
g End of year balance	2,647,691.	2,563,090.			

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

- a Board designated or quasi-endowment ▶ 1.3281 %
- b Permanent endowment ▶ 54.2755 %
- c Term endowment ▶ 44.3964 %

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		X
(ii) related organizations		X
3b		

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

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) Accumulated depreciation	(d) Book value
1a Land		131,872.		131,872.
b Buildings		15,518,933.	6,277,411.	9,241,522.
c Leasehold improvements		36,821.	1,227.	35,594.
d Equipment		5,423,141.	4,657,157.	765,984.
e Other		934,737.	764,701.	170,036.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,345,008.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,741,287.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,476,903.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,735,616.
4	Net unrealized gains (losses) on investments	4	1,054,584.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,899.
9	Total adjustments (net). Add lines 4 through 8	9	1,057,483.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-678,133.

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	18,007,522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,054,584.
b	Donated services and use of facilities	2b	66,529.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	4,145,122.
e	Add lines 2a through 2d	2e	5,266,235.
3	Subtract line 2e from line 1	3	12,741,287.
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 must equal Form 990, Part I, line 12.)	5	12,741,287.

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

1	Total expenses and losses per audited financial statements	1	18,685,655.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	66,529.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	4,142,223.
e	Add lines 2a through 2d	2e	4,208,752.
3	Subtract line 2e from line 1	3	14,476,903.
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 must equal Form 990, Part I, line 18.)	5	14,476,903.

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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V, LINE 1A, COLUMN (B)

BEGINNING OF YEAR BALANCE

THE AMOUNT SHOWN FOR THE PRIOR YEAR BEGINNING OF YEAR BALANCE WAS INCREASED TO \$2,892,722 DUE TO A REVISION ON THE FINANCIAL STATEMENTS.

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 PERMANENT ENDOWMENTS PROVIDE FUNDING FOR EXPENDITURES RELATING TO SERVICES PROVIDED THROUGH THE LOW VISION CLINIC TO ELDERLY, LOW-INCOME PATIENTS, TO SERVICES PROVIDED IN THE OFFICE SKILLS TRAINING PROGRAM, DEAF-BLIND PROGRAM AND GENERAL AGENCY ACTIVITIES. EARNINGS FROM THE TERM ENDOWMENT PROVIDE FUNDING FOR THE SCHOLARSHIP PROGRAM AND CAPITAL EXPANSION.

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48 ("FIN 48") (NOW REFERRED TO AS ASC 740-10-25-6, ("ASC 740")), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109," WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER CONCEPTS PREVIOUSLY OUTLINED IN ASC 740. THE LIGHTHOUSE ADOPTED ASC 740 AS OF JULY 1, 2009. ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX

Part XIV Supplemental Information (continued)

POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT AND PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.

THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE LIGHTHOUSE IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE TAX YEARS 2007, 2008 AND 2009 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ADOPTION OF ASC 740 DID NOT HAVE ANY IMPACT ON THE LIGHTHOUSE'S FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 8

OTHER REVENUE/EXPENSES RECONCILING ITEMS

CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS.....	\$2,899
TOTAL.....	\$2,899

SCHEDULE D, PART XII, LINE 2D

OTHER REVENUE RECONCILING ITEMS

COST OF GOODS SOLD.....	\$4,142,223
CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS.....	\$2,899
TOTAL.....	\$4,145,122

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XIII, LINE 2D

OTHER EXPENSES RECONCILING ITEMS

COST OF GOODS SOLD.....\$4,142,223

TOTAL.....\$4,142,223

Part II 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
		ANNUAL DINNER (event type)	ASSOC BD HOUSE (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	335,319.	55,293.	68,011.	458,623.
	2 Less: Charitable contributions	239,309.	54,325.	39,744.	333,378.
	3 Gross income (line 1 minus line 2)	96,010.	968.	28,267.	125,245.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	19,270.		8,308.	27,578.
	6 Rent/facility costs				
	7 Food and beverages	82,782.	968.	14,685.	98,435.
	8 Entertainment	2,039.			2,039.
	9 Other direct expenses	11,395.	8,633.	9,464.	29,492.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(157,544.)
11 Net income summary. Combine line 3, column (d), and line 10				-32,299.	

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____% No	Yes _____% No	Yes _____% No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

	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		%
13b		%
 - b** An outside facility

13b		%
------------	--	---

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

	Yes	No

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 Part IV and 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	30	60,219.			

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES

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

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 Part IV and 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

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

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 PROGRAMS. ONCE ENROLLED, THE SCHOLARSHIP CAN COVER TUITION, ROOM, BOARD, BOOKS, TRANSPORTATION AND/OR OTHER EXPENSES DEEMED APPROPRIATE BY THE SCHOLARSHIP COMMITTEE. EACH YEAR, SCHOLARSHIP

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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2009

Open to Public Inspection

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

Employer identification number
36-2169139

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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.

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------------------|
| <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 |

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

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

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE J, PART 1, LINE 1A

RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

THE ITEMS ABOVE, EXCEPT FOR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS,

ARE NOT EXPENSES NORMALLY REIMBURSED BY THE LIGHTHOUSE. THE ONLY TIME

THE LIGHTHOUSE MIGHT REIMBURSE FOR THESE OTHER EXPENDITURES WOULD BE IF

THE BOARD SPECIFICALLY AUTHORIZED SUCH FOR A SPECIFIC INDIVIDUAL. THIS

WOULD BE EXECUTED ONLY WITH A WRITTEN AUTHORIZATION. REGARDING TAX

INDEMNIFICATION AND GROSS-UP PAYMENTS, THESE PAYMENTS ARE GENERALLY SMALL

AMOUNTS, DEEMED TO BE IMMATERIAL, FOR THE PERSONAL USE OF CELL PHONES.

CELL PHONES ARE SUPPLIED TO INDIVIDUALS BASED ON SPECIFIC NEEDS AND ARE

AUTHORIZED BY EXECUTIVE MANAGEMENT.

Continuation Sheet for Form 990

2009

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED

Employer identification number
36-2169139

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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-MSC)	(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			
R. RAZZ JENKINS VICE CHAIRMAN	1.00	X		X				0.	0.	0.
JOEL KAPLAN IMMED. PAST CHAIR	1.00	X		X				0.	0.	0.
JAMES KESTELOOT PRESIDENT (TO 06/10)	5.00	X		X			279,481.	0.	9,884.	
TOM LIVINGSTON DIRECTOR	1.00	X					0.	0.	0.	
JUDY MCCASKEY DIRECTOR	1.00	X					0.	0.	0.	
PAUL RINK ASS'T SECRETARY	1.00	X		X			0.	0.	0.	
DONALD VILIM SECRETARY	1.00	X		X			0.	0.	0.	
JANET SZLYK PRESIDENT (06/10) & ED	40.00	X		X			199,296.	0.	3,247.	
MIKE DITKA DIRECTOR	1.00	X					0.	0.	0.	
MARVIN LADER DIRECTOR	1.00	X					0.	0.	0.	
WARREN CHAPMAN DIRECTOR	1.00	X					0.	0.	0.	
PAMELA BROOKS-TULLY DIRECTOR	1.00	X					0.	0.	0.	
WIE XIE DIRECTOR	1.00	X					0.	0.	0.	
TERRENCE LONGO EXEC VP & COO	40.00			X			124,130.	0.	7,457.	
MARY LYNNE JANUSZEWSKI EXEC VP & CFO	40.00			X			99,401.	0.	32,803.	
DEBRA SCHLIES DIR OF DEVELOPMENT	40.00					X	102,022.	0.	5,682.	
MARY ZABELSKI SR VP EDUC PROGS	40.00					X	105,645.	0.	22,822.	

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **THE CHICAGO LIGHTHOUSE FOR PEOPLE
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Employer identification number
36-2169139

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	6	27,235.	TRADE DATE FMV
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory	X	1	600.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AMERICAN PR HSE)	X		894,873.	ACTUAL COST
26 Other ▶ (AUCTION/RAFFLE)	X	89	36,232.	FMV
27 Other ▶ (OTHR PROG MATRL)	X	1	22,760.	ACTUAL COST
28 Other ▶ (PROG SUPPLIES)	X	5	3,970.	FMV

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

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

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

Schedule M (Form 990) 2009

JSA

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

FORM 990, SCHEDULE M, PART 1, LINE 32A

ORGANIZATION'S USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS

ALL DONATED STOCK RECEIVED BY THE CHICAGO LIGHTHOUSE GOES INTO THE

INVESTMENT FUND CUSTODIAN ACCOUNT AT NORTHERN TRUST. WILLIAM BLAIR

MANAGES THIS ACCOUNT AND HAS A STANDING INSTRUCTION FROM THE CHICAGO

LIGHTHOUSE TO SELL STOCKS IN THE ACCOUNT AS QUICKLY AS ADMINISTRATIVELY

POSSIBLE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

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Inspection**

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

Employer identification number
36-2169139

ATTACHMENT 2

FORM 990, PART III, LINE 2

NEW SERVICES

DURING FY10, THE CHICAGO LIGHTHOUSE HAD AN OPPORTUNITY TO EXPAND ITS ABILITY TO PROVIDE TRAINING AND EMPLOYMENT TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED BY ESTABLISHING A RETAIL CONVENIENCE STORE. INDIVIDUALS ARE TRAINED IN CASHIERING, INVENTORY AND CUSTOMER SERVICE. THIS SITE IS DIRECTED, MANAGED AND STAFFED BY INDIVIDUALS WHO ARE VISUALLY IMPAIRED. INTERNSHIPS ARE PROVIDED, AS WELL, TO THOSE WHO MIGHT BE INTERESTED IN SUCH A FIELD OF EMPLOYMENT. ALL PROCEEDS ARE USED TO ABSORB COSTS OF THE PROGRAM.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICE DESCRIPTION

THE CHILDREN'S DEVELOPMENT CENTER OF THE 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. 26 CHILDREN WERE SERVED IN THE CHILDREN'S DEVELOPMENT CENTER DURING FY10, WITH EXPENSES OF \$1,480,943 AND REVENUES OF \$1,489,403.

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

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
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ATTACHMENT 2 (CONT'D)

ADMINISTERS LESSONS IN DAILY LIVING, ACADEMICS AND PRE VOCATIONAL TRAINING TO ITS PARTICIPANTS. AS PART OF THEIR DAILY ACTIVITIES, PROGRAM PARTICIPANTS JOIN TOGETHER TO PERFORM AS THE CHICAGO LIGHTHOUSE VISION QUEST MUSIC GROUP. THEY ALSO TAKE PART IN RECREATION AND SOCIAL ACTIVITIES. MOBILITY TRAINING PROGRAM ALLOWS FOR INDEPENDENCE WHEN TRAVELING. CHICAGO-LAND RADIO INFORMATION SERVICE (CRIS) PROVIDES DAILY READINGS OF NEWSPAPERS AND PERIODICALS, THROUGH USE OF VOLUNTEER READERS WHO READ VERBATIM FROM LOCAL PERIODICALS 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 BEACON RADIO SHOW AIRS WEEKLY AND PROVIDES TOPICS OF INTEREST TO THE BLIND COMMUNITY. 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. LEGAL COUNSEL AND SERVICES PROVIDED CAN HELP NAVIGATE AND OVERCOME SOCIAL STEREOTYPES, WORKPLACE DISCRIMINATION AND HEAVY GOVERNMENT ASSISTANCE PROGRAMS. CRIS ESTIMATES THAT DURING FY10 LISTENERS NUMBERED 42,637. ALL OTHER PROGRAMS IN THIS SECTION SERVED 284 PEOPLE DURING FY10. TOGETHER, EXPENSES FOR THIS GROUP OF SERVICES WERE \$869,734 AND REVENUES WERE \$424,107.

VOCATIONAL TRAINING PROGRAMS PROVIDE REHABILITATION AND TRAINING

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
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ATTACHMENT 2 (CONT'D)

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 FY10 THE VOCATIONAL TRAINING PROGRAMS PROVIDED SERVICES TO 164 PEOPLE. EXPENSES WERE \$488,542 AND REVENUES WERE \$207,900.

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 LOW VISION CLINIC, OCCUPATIONAL THERAPY, TRANSPORTATION, SOCIAL WORK, AND PSYCHOLOGICAL SERVICES. DURING FY10 THE BIRTH TO THREE PROGRAM SERVED 172 CHILDREN AND THEIR FAMILIES. EXPENSES WERE \$463,019 AND REVENUES WERE \$118,351.

EMPLOYMENT SERVICES PROVIDES ASSISTANCE TO PEOPLE WHO ARE VISUALLY

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
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ATTACHMENT 2 (CONT'D)

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. THE COMMUNICATIONS CENTER PROVIDES TRAINING FOR INDIVIDUALS IN THE AREA OF CUSTOMER SERVICE AND APPOINTMENT TAKING. INTERNSHIPS ARE AVAILABLE FOR THOSE WHO ARE INTERESTED IN THIS TYPE OF WORK. DURING FY10 456 PEOPLE RECEIVED TRAINING AND OTHER SERVICES FROM THESE ACTIVITIES AND 207 PLACEMENTS WERE MADE. 5,856 CUSTOMERS WERE SERVED VIA INCOMING CALLS TO THE LIGHTHOUSE, ANSWERED BY THE CALL CENTER INTERNS. EXPENSES WERE \$423,037 AND REVENUES WERE \$189,377.

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 FY10, 21 PEOPLE MAINTAINED EMPLOYMENT VIA THESE CONTRACTS. EXPENSES FOR THIS GROUP WERE \$381,991 AND REVENUES WERE \$442,510.

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
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ATTACHMENT 2 (CONT'D)

THE ADAPTIVE TECHNOLOGY AND NATIONAL HELP DESK DEPARTMENTS UTILIZE ASSISTIVE COMPUTER HARDWARE AND SOFTWARE TO HELP INDIVIDUALS MEET THE CHALLENGES OF A VISUAL IMPAIRMENT. SERVICES INCLUDE EVALUATING THE TECHNOLOGICAL NEEDS OF A PERSON WHO IS VISUALLY IMPAIRED OR BLIND AS IT RELATES TO THEIR WORK OR HOME ENVIRONMENT, DETERMINING CAPABILITY 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 FY10, 803 PEOPLE WERE SERVED. EXPENSES WERE \$352,225 AND REVENUES WERE \$59,095.

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 FY10 36 PARTICIPANTS TOOK PART IN ACTIVITIES PROVIDED BY THIS PROGRAM. EXPENSES WERE \$218,480 AND REVENUES WERE \$0.

RETAIL OPERATIONS PROVIDE CASHIER, INVENTORY AND CUSTOMER SERVICE TRAINING AND EMPLOYMENT FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. THE LIGHTHOUSE CONVENIENCE STORE IS LOCATED OFFSITE, AND IS A PROGRAM AIMED AT REDUCING THE UNEMPLOYMENT RATE OF PEOPLE WHO ARE BLIND OR

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
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ATTACHMENT 2 (CONT'D)

VISUALLY IMPAIRED. THIS PROGRAM HIRES SUCH INDIVIDUALS AND PROVIDES THEM WITH TRAINING AND EQUIPMENT TO ENABLE EASE, EFFICIENCY AND PRODUCTIVITY. INTERNSHIP OPPORTUNITIES ARE AVAILABLE, AS WELL, TO SHARPEN CUSTOMER SERVICE SKILLS IN ORDER TO INCREASE CHANCES AND APPEAL FOR EMPLOYMENT AT OTHER COMPANIES AND ORGANIZATIONS. 3 PEOPLE HAVE BEEN PROVIDED EMPLOYMENT IN THESE OPERATIONS DURING FY10. EXPENSES TOTAL \$203,559, WITH REVENUE OF \$860.

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 ALSO ASSISTS WITH TRAINING ON COMMUNICATION DEVICES, PROMOTING INDEPENDENCE AND SELF-SUFFICIENCY FOR PEOPLE WITH THESE DUAL DISABILITIES. DURING FY10, 115 PEOPLE WERE SERVED IN THESE ACTIVITIES. EXPENSES WERE \$179,313 AND REVENUES WERE \$4,805.

SENIORS PROGRAM HELPS INDIVIDUALS, WHO ARE VISUALLY IMPAIRED, 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 AND ADAPTIVE TECHNOLOGY TRAINING CLASSES ARE CENTRAL TO THIS PROGRAM. MONTHLY LUNCHEONS PROVIDE OPPORTUNITIES TO SOCIALIZE AND NETWORK AND EXCHANGE RESOURCES AND IDEAS. DURING FY10 THIS PROGRAM SERVED 227 PEOPLE. EXPENSES WERE \$128,786 AND REVENUES WERE \$0.

YOUTH PROGRAMS PROVIDE YEAR-ROUND INDIVIDUAL ATTENTION TO STUDENTS

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
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ATTACHMENT 2 (CONT'D)

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 FY10 213 PEOPLE WERE SERVED IN OUR YOUTH AND SCHOLARSHIP PROGRAMS. EXPENSES WERE \$104,820, WITH GRANTS (SCHOLARSHIPS) OF \$60,219 AND REVENUES WERE \$0.

FORM 990, PART VI, LINE 11

FORM 990 REVIEW PROCESS

FORM 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.

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

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
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ATTACHMENT 2 (CONT'D)

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, FOLLOWED BY DISCUSSION WITH THE EXECUTIVE COMMITTEE AND IF NECESSARY, THE ISSUE IS BROUGHT TO A BOARD MEETING.

FORM 990, PART VI, LINE 15B

COMPENSATION REVIEW & APPROVAL PROCESS

FOR THE EXECUTIVE DIRECTOR POSITION, THE SALARY SURVEY WAS DONE UTILIZING DATA FROM 990 IRS FORMS FROM SIMILAR ORGANIZATIONS THAT PROVIDE THE SAME SERVICES AND CHICAGO-LAND 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.

Name of the organization WHO ARE BLIND OR VISUALLY IMPAIRED	THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
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ATTACHMENT 2 (CONT'D)

FORM 990, PART VI, LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

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.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - 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.

ATTACHMENT 4

4A PROGRAM SERVICE

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

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

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 WITHIN THE STATE OF ILLINOIS, WHO ARE BLIND OR VISUALLY IMPAIRED. THESE ITEMS ARE ORDERED BY THE STUDENT'S SCHOOL DISTRICT AND ARE PROVIDED FREE OF CHARGE. ADAPTIVE EQUIPMENT, SUCH AS CCTV'S, BRAILLE PRINTERS, TALKING AND LARGE SCREEN SOFTWARE ARE LOANED UPON REQUEST, AS WELL. THIS ENHANCES CHILDREN WITH VISUAL DISABILITIES IN THEIR EDUCATIONAL PURSUITS, FROM THEIR FIRST SCHOOL YEARS THROUGH HIGH SCHOOL GRADUATION. 4,047 STUDENTS RECEIVED BOOKS, EQUIPMENT OR SUPPLIES DURING FY10.

ATTACHMENT 54B PROGRAM SERVICE

THE SANDY AND RICK FORSYTHE CENTER FOR COMPREHENSIVE VISION CARE INCLUDES LOW VISION REHABILITATION, CLINICAL, AND RESEARCH SERVICES. THIS CENTER PROVIDES COMPREHENSIVE DIAGNOSTIC, REHABILITATIVE, PSYCHOLOGICAL, SOCIAL WORK, AND OPTOMETRIC SERVICES TO PATIENTS OF ALL AGES AT THE LIGHTHOUSE AND AT A NUMBER OF SATELLITE LOCATIONS WITHIN THE CHICAGO-LAND 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

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

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 5 (CONT'D)

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. A TOOLS FOR LIVING STORE HAS BEEN DESIGNED TO ENSURE EASE OF MOBILITY AND BROWSING FOR CUSTOMERS WHO ARE BLIND OR VISUALLY IMPAIRED AND INCLUDES INDEPENDENT LIVING AIDS, SPEECH/LARGE PRINT ELECTRONICS, AND OTHER LIKE PRODUCTS. IT IS A NATURAL EXTENSION OF THE LOW VISION SERVICE AND PROVIDES CONVENIENCE SHOPPING FOR PATIENTS AND FAMILY MEMBERS. THE LOW VISION AREA ALSO ENGAGES IN CUTTING EDGE RESEARCH ACTIVITIES TO DEVELOP NEW METHODS OF VISION REHABILITATION. DURING FY10, PATIENTS, PARTICIPANTS, AND CONSUMERS NUMBERED 4,310. EXPENSES WERE \$1,835,679 AND REVENUES WERE \$904,326.

ATTACHMENT 6

4C PROGRAM SERVICE

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 AND PLANNERS, PACKAGING PROJECTS, AND ON A CLOCK LINE WHICH MANUFACTURES CLOCKS FOR THE FEDERAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE LIGHTHOUSE ALSO SUPPLIES THE VETERANS

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FORM 990, PART III - PROGRAM SERVICESATTACHMENT 6 (CONT'D)

ADMINISTRATION WITH LOW VISION DEVICES AND OTHER ADAPTIVE TECHNOLOGY ITEMS. THE VA, 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. ALSO INCLUDED IN THIS AREA OF PROGRAMMING IS A CONTRACT WITH THE STATE OF ILLINOIS TO PROVIDE RECIPIENT IDENTIFICATION NUMBERS FOR VARIOUS SOCIAL SERVICE AGENCIES WITHIN THE STATE. THIS CONTRACT PROVIDES EMPLOYMENT FOR PEOPLE WITH VISUAL IMPAIRMENTS, AS WELL AS AN AVENUE FOR INTERNSHIPS IN THE CUSTOMER SERVICE FIELD. DURING FY10, 40 PEOPLE WERE PROVIDED EMPLOYMENT IN THESE ASPECTS OF LIGHTHOUSE INDUSTRIES AND AN ESTIMATED 3,359 RECEIVED VA GOODS. EXPENSES WERE \$1,606,562 AND REVENUES WERE \$926,198.

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SUPER G, INC. 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608	CAFETERIA SERVICES	213,270.
SELECT MEDICAL REHABILITATION SERVICES P.O. BOX 643920 PITTSBURGH, PA 15205	THERAPISTS & ASS'TS	199,514.
WILLIAM BLAIR & COMPANY 222 W. ADAMS STREET CHICAGO, IL 60606	INVESTMENT ADVISORS	118,468.

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ATTACHMENT 7 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LOCKE LORD BISSELL AND LIDDELL, LLP 111 S. WACKER DRIVE CHICAGO, IL 60606	LEGAL SERVICES	101,161.
TOTAL COMPENSATION		632,413.