

**THE CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED**

Form 990 for the
Year Ended June 30, 2017

Public Disclosure Copy

2016Open to Public
InspectionForm **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2016 calendar year, or tax year beginning**

07/01, 2016, and ending

06/30, 2017

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1850 W. ROOSEVELT ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60608

F Name and address of principal officer: **JANET SZLYK, PHD**
SANE AS C ABOVE**D** Employer identification number

35-2169139

E Telephone number

(312) 666-1331

G Gross receipts \$ 43,225,881.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CHICAGOLIGHTHOUSE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1906 **M** State of legal domicile: IL**Part I Summary**

| | | | |
|------------------------------------|--|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>THE CHICAGO LIGHTHOUSE STRIVES TO PROVIDE QUALITY EDUCATIONAL, CLINICAL, REHABILITATION AND VOCATIONAL SERVICES TO PEOPLE WHO ARE BLIND, VISUALLY IMPAIRED, MULTI-DISABLED OR VETERANS</u> | | |
| | 2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 37. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 35. |
| Revenue | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 1,178. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 250. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 3,300. |
| | 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Expenses | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 6,439,750. | 8,256,852. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 25,376,485. | 28,205,843. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 448,934. | 752,141. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 778,219. | 162,853. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 33,043,388. | 37,387,689. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 75,808. | 1,871,845. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 20,847,606. | 24,435,470. |
| | 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,403,304. | 0. | 0. |
| Net Assets or Fund Balances | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 13,275,845. | 11,181,546. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 34,199,259. | 37,488,861. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | -1,155,871. | -101,172. |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| Part II Signature Block | 21 Total liabilities (Part X, line 26) | 32,671,745. | 31,734,440. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 8,401,901. | 7,179,619. |
| | | 24,269,844. | 24,554,821. |

COPY FOR
PUBLIC INSPECTION**Sign Here**

Signature of officer

JANET SZLYK, PHD

Type or print name and title

PRESIDENT & CEO

05/11/2018

Date

Paid Preparer Use Only

Print/Type preparer's name

BRIDGET T ROCHE

Preparer's signature

Bridget Roche

Date

5/11/18

Check ☐ if self-employed

PTIN

P00666837

Firm's name ▶ GRANT THORNTON LLP

Firm's EIN ▶ 36-6055558

Firm's address ▶ 171 N. CLARK ST, SUITE 200 CHICAGO, IL 60601

Phone no. 312-856-0200

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**For Paperwork Reduction Act Notice, see the separate instructions.**Form **990** (2016)

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

► **File a separate application for each return.**
 ► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions.

Name of exempt organization or other filer, see instructions.

THE CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED

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

Employer identification number (EIN) or

36-2169139

Social security number (SSN)

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|----------------|-----------------------------------|----------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

• The books are in the care of ► MARY LYNNE JANUSZEWSKI, 1850 W. ROOSEVELT ROAD, CHICAGO, IL 60608

Telephone No. ► 312 997-3664Fax No. ► 312 997-3650

- 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.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20__ or► ☒ tax year beginning 07/01, 2016, and ending 06/30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | |
|---|--------------|----|
| 3a If this application is for Forms 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 Forms 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. | 3b \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ | 0. |

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

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

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:ATTACHMENT 1**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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 22,141,491. including grants of \$ 0.) (Revenue \$ 25,295,607.)
ATTACHMENT 2**4b** (Code:) (Expenses \$ 2,053,470. including grants of \$ 0.) (Revenue \$ 505,900.)
ATTACHMENT 3**4c** (Code:) (Expenses \$ 1,719,511. including grants of \$ 0.) (Revenue \$ 0.)
ATTACHMENT 4**4d** Other program services (Describe in Schedule O.)(Expenses \$ 6,221,230. including grants of \$ 1,871,845.) (Revenue \$ 1,913,453.)**4e** Total program service expenses 32,135,708.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. | 1 X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 3 | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. | 5 | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. | 6 | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a X | |
| b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 11b | X |
| c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | X |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. | 12a | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12b X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV. | 15 | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). | 17 | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II. | 18 X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III. | 19 X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 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? If "Yes," complete Schedule J. | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. | | 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? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I. | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. | | 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? If "Yes," complete Schedule L, Part IV. | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. | | 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? If "Yes," complete Schedule R, Part I. | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. | | 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? If "Yes," complete Schedule R, Part VI. | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | 1a | 1b | 1c | 2a | 2b | 3a | 3b | 4a | 5a | 5b | 5c | 6a | 6b | 7a | 7b | 7c | 7d | 7e | 7f | 7g | 7h | 8 | 9a | 9b | 10a | 10b | 11a | 11b | 12a | 12b | 13a | 13b | 13c | 14a | 14b | |
|--|----|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | 42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2a 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. | | 1,178 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (see instructions). | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5a 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 line 5a or 5b, did the organization file Form 8886-T? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6a 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 as charitable contributions? | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e Did the organization 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 Section 501(c)(12) organizations. Enter: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a Gross income from members or shareholders. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c Enter the amount of reserves on hand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

Section A. Governing Body and Management

| | Yes | No |
|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 37 | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| 1b Enter the number of voting members included in line 1a, above, who are independent | 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 governing documents since the prior Form 990 was filed? | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 Did the organization have members or stockholders? | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 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.)

| | Yes | No |
|---|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 Did the organization have a written whistleblower policy? | X | |
| 14 Did 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 | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**.
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MARY LYNN JANUSZEWSKI 1650 W. ROOSEVELT ROAD CHICAGO, IL 60605 312-997-3664**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RICH, GARY | 1.00 | | | | | | | | | |
| VICE CHAIR TO CHAIR 06/17 | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) STARK, JULIE | 1.00 | | | | | | | | | |
| VICE CHAIR FROM 06/17 | 0. | X | | X | | | | 0. | 0. | 0. |
| (3) COLEMAN, JOHN | 1.00 | | | | | | | | | |
| SECY TO 06/17 | 0. | X | | X | | | | 0. | 0. | 0. |
| (4) HOCHSTADT, KATIE | 1.00 | | | | | | | | | |
| ASST SECY TO SECY 06/17 | 0. | X | | X | | | | 0. | 0. | 0. |
| (5) HAGUE, BRUCE | 1.00 | | | | | | | | | |
| IMM PAST CHAIR TO TREAS 06/17 | 0. | X | | X | | | | 0. | 0. | 0. |
| (6) SCHNADIG, RICHARD H. | 2.00 | | | | | | | | | |
| CHAIR TO IMM PAST CHAIR 06/17 | 0. | X | | X | | | | 0. | 0. | 0. |
| (7) McNALLY, JACLYN | 1.00 | | | | | | | | | |
| ASST SECY FROM 06/17 | 0. | X | | X | | | | 0. | 0. | 0. |
| (8) SAENZ, ARTURO | 1.00 | | | | | | | | | |
| ASST TREAS TO 06/17 | 0. | X | | X | | | | 0. | 0. | 0. |
| (9) CLARKE, ROBERT | 1.00 | | | | | | | | | |
| TREAS TO ASST TREAS 06/17 | 0. | X | | X | | | | 0. | 0. | 0. |
| (10) BOYKIN, RICHARD | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | 0. |
| (11) BROUTHAN, LARRY | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | 0. |
| (12) BROWN, ANTHONY O. | 1.00 | | | | | | | | | |
| DIRECTOR TO 12/16 | 0. | X | | | | | | 0. | 0. | 0. |
| (13) COHEN, ANIDA JOHNSON COOKIE | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | X | | | | | | 0. | 0. | 0. |
| (14) CONAGHAN, WILLIAM | 1.00 | | | | | | | | | |
| DIRECTOR | 0. | 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 (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) DEUTSCH, THOMAS DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (16) DITKA, MIKE DIRECTOR TO 12/16 | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (17) FORSYTHE, SANDRA DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (18) HUBER, DAVID DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (19) JENSEN, VAL DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (20) JEPSON, EDWARD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (21) KAPLAN, JOEL DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (22) KESTELOOT, JAMES DIRECTOR | 5.00 0. | X | | | | | | 24,638. | 0. | 0. |
| (23) KRAFF, MANUS DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (24) LADER, MARVIN DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) LIVINGSTON, TOM DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 1,258,242. | 0. | 107,651. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,258,242. | 0. | 107,651. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 5 | | |
| | | |
| | | |
| | | |

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 **17**

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) MARTIN, ELLEN DIRECTOR FROM 09/16 | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (27) HAYER, BEATRICE CUMMINGS DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (28) MCCASKEY, JUDY DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (29) NEEHAN, MICHAEL DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (30) MILLER, PETER DIRECTOR TO 02/17 | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (31) MORRISON, DALE DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (32) NATHAN, WALTER DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (33) RANDOLPH, LAURIE DIRECTOR FROM 09/16 | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (34) RASKE, JOHN DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (35) REESER, VONITA DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (36) RINK, PAUL DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (37) ROURKE, ROBERT DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (38) SCHER, PAUL DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (39) VILIM, DONALD DIRECTOR | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (40) SZLYK, JANET PRESIDENT & CEO | 32.00 8.00 | X | | X | | | | 234,572. | 0. | 5,002. |
| (41) JANUSZEWSKI, MARY LYNNE EVP & CFO | 32.00 8.00 | | | X | | | | 186,324. | 0. | 32,212. |
| (42) TULLY, PAI EVP & COO | 32.00 8.00 | | | X | | | | 164,472. | 0. | 3,128. |
| (43) WILCHEZ, RICARDO VP INFORMATION TECHNOLOGY | 40.00 0. | | | | X | | | 131,352. | 0. | 3,692. |
| (44) MILLER, JENNIFER CHIEF DEVELOPMENT OFFICER | 40.00 0. | | | | X | | | 131,318. | 0. | 33,765. |
| (45) BONZANI, JEANETTE SVP - HR | 40.00 0. | | | | X | | | 117,028. | 0. | 2,432. |
| (46) LONGO, TERRENCE PROJECT CONSULTANT | 40.00 0. | | | | X | | | 110,429. | 0. | 2,874. |
| (47) PERSKI, TOM SVP - REHAB SERVICES | 40.00 0. | | | | X | | | 108,109. | 0. | 24,546. |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | | | | | | | | | | 10 |

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|----------|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization | | |

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|---|--|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a 140,923. | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c 534,977. | | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e 2,715,215. | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f 4,865,537. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 136,052. | | | | |
| | h | Total. Add lines 1a-1f | | 8,255,652. | | | |
| Program Service Revenue | 2a | SERVICE CONTR/CALL CNTRS | Business Code 501300 | 25,316,300. | 25,316,300. | | |
| | b | LOW VISION FEES & SALES | 621990 | 1,190,205. | 1,190,205. | | |
| | c | DEVELOPMENT CTR TUITION | 611600 | 936,933. | 936,933. | | |
| | d | FEES FROM GOV'T AGENCIES | 624310 | 430,005. | 430,005. | | |
| | e | EARLY INTERVENTION FEES | 624100 | 130,770. | 130,770. | | |
| | f | All other program service revenue | | 201,630. | 201,630. | | |
| | g | Total. Add lines 2a-2f | | 26,205,843. | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). | | 283,394. | | |
| 4 | | Income from investment of tax-exempt bond proceeds | | 0. | | | |
| 5 | | Royalties | | 670. | | | 670. |
| | | (i) Real (ii) Personal | | | | | |
| 6a | | Gross rents | | | | | |
| b | | Less: rental expenses | | | | | |
| c | | Rental income or (loss) | | | | | |
| d | | Net rental income or (loss). | | 0. | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other 5,858,110. | | | | |
| b | | Less: cost or other basis and sales expenses | 5,379,353. | | | | |
| c | | Gain or (loss) | 478,747. | | | | |
| d | | Net gain or (loss) | | 478,747. | | | 478,747. |
| 8a | Gross income from fundraising events (not including \$ 534,977. of contributions reported on line 1c). See Part IV, line 18 | a 153,679. | | | | | |
| b | Less: direct expenses | b 203,257. | | | | | |
| c | Net income or (loss) from fundraising events | | -53,578. | | | -53,578. | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | a 32,720. | | | | | |
| b | Less: direct expenses | b 40,357. | | | | | |
| c | Net income or (loss) from gaming activities | | -7,647. | | | -7,647. | |
| 10a | Gross sales of inventory, less returns and allowances | a 109,327. | | | | | |
| b | Less: cost of goods sold | b 210,205. | | | | | |
| c | Net income or (loss) from sales of inventory | | -40,878. | -40,878. | | | |
| Miscellaneous Revenue | | | | Business Code | | | |
| 11a | CAFETERIA | 722210 | 140,862. | | | 140,862. | |
| b | PARKING | 812330 | 50,540. | | | 50,540. | |
| c | INSURANCE PROCEEDS | 900099 | 30,917. | | | 30,917. | |
| d | All other revenue | 900079 | 42,957. | | 3,300. | 39,657. | |
| e | Total. Add lines 11a-11d | | 265,283. | | | | |
| 12 | Total revenue. See instructions. | | 37,387,689. | 28,164,945. | 3,300. | 962,572. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,825,943. | 1,825,943. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 45,902. | 45,902. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 | 728,046. | 66,630. | 523,394. | 138,022. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 106,778. | 103,395. | 3,383. | |
| 7 Other salaries and wages | 20,105,506. | 17,860,497. | 1,445,471. | 799,538. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 187,721. | 164,832. | 15,525. | 7,364. |
| 9 Other employee benefits | 1,567,672. | 1,376,990. | 129,331. | 61,351. |
| 10 Payroll taxes | 1,739,747. | 1,539,327. | 128,292. | 72,128. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 35,507. | | 35,507. | |
| c Accounting | 87,678. | | 87,678. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 74,193. | | 74,193. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 6 | 4,841,973. | 4,641,891. | 144,412. | 55,670. |
| 12 Advertising and promotion | 88,906. | 5,858. | | 83,048. |
| 13 Office expenses | 1,824,642. | 1,506,530. | 278,005. | 40,107. |
| 14 Information technology | 310,511. | 134,114. | 159,942. | 16,455. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 445,790. | 317,786. | 119,583. | 8,421. |
| 17 Travel | 138,090. | 83,528. | 43,417. | 11,145. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 6,680. | 6,357. | 323. | |
| 20 Interest | 171,873. | 63,943. | 107,905. | 25. |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 964,612. | 640,953. | 303,914. | 19,745. |
| 23 Insurance | 192,772. | 116,567. | 75,742. | 463. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a IMC MATERIALS & EQUIPMENT | 721,977. | 721,977. | | |
| b AMERICAN PRINTING HOUSE | 535,475. | 531,860. | 3,607. | |
| c CAFETERIA | 192,609. | | 192,609. | |
| d CLIENT TRANS & MAINTENANCE | 176,822. | 175,819. | 1,003. | |
| e All other expenses | 371,436. | 205,001. | 76,613. | 89,822. |
| 25 Total functional expenses. Add lines 1 through 24e | 37,488,861. | 32,135,708. | 3,949,849. | 1,403,304. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 585,018. | 1 | 1,850,817. |
| | 2 Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 1,372,726. | 3 | 2,912,344. |
| | 4 Accounts receivable, net | 5,873,999. | 4 | 2,714,857. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 691,783. | 8 | 192,528. |
| | 9 Prepaid expenses and deferred charges | 363,828. | 9 | 366,585. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 29,577,296. | | |
| | b Less: accumulated depreciation. | 10b 18,129,562. | | |
| | | 10,224,169. | 10c | 11,447,734. |
| | 11 Investments - publicly traded securities | 11,766,136. | 11 | 11,043,952. |
| | 12 Investments - other securities. See Part IV, line 11 | 1,246,997. | 12 | 630,735. |
| | 13 Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 Intangible assets | 0. | 14 | 0. |
| 15 Other assets. See Part IV, line 11 | 547,089. | 15 | 574,878. | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 32,671,745. | 16 | 31,734,440. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,162,433. | 17 | 2,973,051. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 0. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 4,239,468. | 23 | 4,206,568. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 0. | 25 | 0. |
| | 26 Total liabilities. Add lines 17 through 25. | 8,401,901. | 26 | 7,179,619. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 17,587,866. | 27 | 19,081,160. |
| | 28 Temporarily restricted net assets | 4,719,621. | 28 | 3,478,761. |
| | 29 Permanently restricted net assets | 1,962,357. | 29 | 1,994,900. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 24,269,844. | 33 | 24,554,821. |
| | 34 Total liabilities and net assets/fund balances | 32,671,745. | 34 | 31,734,440. |

Form **990** (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 37,387,689. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 37,488,861. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -101,172. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24,269,844. |
| 5 | Net unrealized gains (losses) on investments | 5 | 351,900. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 34,249. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 24,554,821. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016Open 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations.
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3. | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 7,065,832. | 8,706,357. | 8,009,741. | 6,802,750. | 8,256,652. | 38,538,532. |
| 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 | 10,123,762. | 21,929,595. | 25,761,426. | 25,671,323. | 26,375,170. | 115,861,282. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | 137,554. | 154,520. | 145,965. | 163,135. | 186,390. | 807,475. |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 Total. Add lines 1 through 5. | 17,327,248. | 30,790,472. | 33,977,132. | 36,294,214. | 36,618,421. | 155,207,487. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 118,244. | 375,005. | 197,070. | 212,058. | 336,061. | 1,238,439. |
| 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 | 4,211,369. | 13,879,068. | 17,725,859. | 20,811,705. | 21,060,422. | 80,788,127. |
| c Add lines 7a and 7b. | 4,329,613. | 14,254,074. | 17,922,929. | 21,123,767. | 24,396,483. | 82,026,566. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 73,180,621. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 9 Amounts from line 6. | 17,327,248. | 30,790,472. | 33,977,132. | 36,294,214. | 36,618,421. | 155,207,487. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 438,026. | 390,595. | 344,966. | 369,789. | 284,064. | 1,822,440. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0. |
| c Add lines 10a and 10b | 438,026. | 390,595. | 344,966. | 369,789. | 284,064. | 1,822,440. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0. |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATÇH 1. | 30,064. | 111,936. | 117,583. | 129,502. | 261,536. | 654,132. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 17,795,328. | 31,272,065. | 34,439,681. | 36,793,505. | 37,364,471. | 157,685,050. |
| 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 2016 (line 8, column (f) divided by line 13, column (f)). | 15 | 46.41 % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15. | 16 | 53.04 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.16 % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | 1.40 % |

19a 33 1/3 % support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|--|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|----|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

| Section C - Distributable Amount | | Current Year |
|---|---|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1. | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3. | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions. | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2016 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|---|-------------------------------------|---|--|
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| | Underdistributions, if any, for years prior to 2016 | | | |
| 2 | (reasonable cause required-explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013. | | | |
| d | From 2014. | | | |
| e | From 2015. | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013. . . . | | | |
| c | Excess from 2014. . . . | | | |
| d | Excess from 2015. . . . | | | |
| e | Excess from 2016. . . . | | | |

Schedule A (Form 990 or 990-EZ) 2016

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

| DESCRIPTION | 2012 | 2013 | 2014 | 2015 | 2016 | TOTAL |
|-------------------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| MISCELLANEOUS | 30,054. | 68,955. | 5,061. | 6,834. | 39,637. | 151,531. |
| CAFETERIA | | 45,043. | 96,872. | 119,465. | 140,862. | 403,242. |
| INSURANCE CLAIMS | | | 14,650. | | 30,917. | 45,567. |
| LITIGATION DISTRIBUTION | | | | 3,153. | | 3,153. |
| PARKING | | | | | 50,540. | 50,540. |
| TOTALS | <u>30,054.</u> | <u>114,998.</u> | <u>117,533.</u> | <u>129,502.</u> | <u>261,946.</u> | <u>654,133.</u> |

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Employer identification number
36-2169139

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 1,252,856. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 535,890. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 450,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 333,306. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 298,198. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 250,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 207,379. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 202,516. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 197,384. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 177,031. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ 142,504. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | | \$ 135,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 132,550. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | | \$ 112,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | | \$ 112,162. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | | \$ 110,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | | \$ 106,974. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 19 | | \$ 105,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | | \$ 103,390. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | | \$ 97,617. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | | \$ 84,254. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 25 | | \$ 80,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | | \$ 74,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | | \$ 73,995. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | | \$ 69,350. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | | \$ 63,560. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 31 | | \$ 65,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | | \$ 65,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | | \$ 63,371. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | | \$ 56,251. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | | \$ 55,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | | \$ 54,125. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 37 | | \$ 52,851. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | | \$ 51,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | | \$ 42,294. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | | \$ 35,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Employer identification number
36-2169139

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 43 | | \$ 33,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | | \$ 30,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | | \$ 27,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | | \$ 26,275. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | | \$ 25,700. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | | \$ 25,218. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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Employer identification number
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 49 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | | \$ 23,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | | \$ 20,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 55 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | | \$ 17,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | | \$ 17,816. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Employer identification number
36-2169139

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 61 | | \$ 17,500. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | | \$ 17,422. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | | \$ 16,750. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | | \$ 16,240. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Employer identification number
36-2169139

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 67 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | | \$ 14,928. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | | \$ 13,385. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | | \$ 13,285. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | | \$ 12,650. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 73 | | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | | \$ 11,710. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | | \$ 11,570. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | | \$ 11,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | | \$ 10,985. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | | \$ 10,825. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 79 | | \$ 10,550. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | | \$ 10,525. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | | \$ 10,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 85 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 87 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 88 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 89 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 90 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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Employer identification number
36-2169139

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 91 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 92 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 93 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 94 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 95 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 96 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

Employer identification number
35-2169139

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 97 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 98 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 99 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 100 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 101 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 102 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 103 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 104 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 105 | | \$ 9,913. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 106 | | \$ 9,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 107 | | \$ 8,850. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 108 | | \$ 8,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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WHO ARE BLIND OR VISUALLY IMPAIRED

Employer identification number
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Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 109 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 110 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 111 | | \$ 8,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 112 | | \$ 7,690. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 113 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 114 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 115 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 116 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 117 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 118 | | \$ 7,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 119 | | \$ 6,950. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 120 | | \$ 6,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 121 | | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 122 | | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 123 | | \$ 6,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 124 | | \$ 6,010. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 125 | | \$ 5,975. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 126 | | \$ 5,700. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 127 | | \$ 5,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 128 | | \$ 5,550. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 129 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 130 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 131 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 132 | | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 133 | | \$ 5,330. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 134 | | \$ 5,278. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 135 | | \$ 5,143. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 136 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 137 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 138 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 139 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 140 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 141 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 142 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 143 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 144 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 145 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 146 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 147 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 148 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 149 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 150 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 151 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 152 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 153 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 154 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 155 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 156 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 157 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 158 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 159 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 160 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 161 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 37 | PUBLICLY TRADED SECURITIES | \$ 52,851. | 12/28/2016 |
| 81 | MULTIPLE PIECES OF ART WORK | \$ 10,525. | VAR |
| 136 | PUBLICLY TRADED SECURITIES | \$ 5,143. | 12/05/2016 |
| | | | |
| | | | |
| | | | |
| | | | |
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Name of organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE

Employer identification number

WHO ARE BLIND OR VISUALLY IMPAIRED

36-2169139

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) . . | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2016

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 | 2,517,057. | 3,087,614. | 3,068,442. | 2,897,351. | 2,701,898. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 123,070. | -38,868. | 48,197. | 209,974. | 235,470. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 28,696. | 531,689. | 29,025. | 38,883. | 40,017. |
| f Administrative expenses | | | | | |
| g End of year balance | 2,611,431. | 2,517,057. | 3,087,614. | 3,068,442. | 2,897,351. |

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

- a** Board designated or quasi-endowment ☐ 1.3500 %
b Permanent endowment ☐ 55.3200 %
c Temporarily restricted endowment ☐ 43.3300 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations ☐
(ii) related organizations ☐

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 321,993. | | 321,993. |
| b Buildings | | 20,027,622. | 10,037,482. | 9,990,140. |
| c Leasehold improvements | | | | |
| d Equipment | | 7,899,907. | 6,952,199. | 947,708. |
| e Other | | 1,327,774. | 1,139,881. | 187,893. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 11,447,734. |

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 38,179,316. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 351,900. |
| b | Donated services and use of facilities | 2b | 195,273. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 244,454. |
| e | Add lines 2a through 2d | 2e | 791,627. |
| 3 | Subtract line 2e from line 1 | 3 | 37,387,689. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 37,387,689. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 37,894,339. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 195,273. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 210,205. |
| e | Add lines 2a through 2d | 2e | 405,478. |
| 3 | Subtract line 2e from line 1 | 3 | 37,488,861. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 37,488,861. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

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 DEAF-BLIND PROGRAM AND GENERAL AGENCY ACTIVITIES.

SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED HAS A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING TO UNRELATED BUSINESS INCOME. THE FASB ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED 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.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS, AS THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED DOES HAVE UNRELATED BUSINESS INCOME AND FILES A FORM 990-T; HOWEVER, NO PROVISION FOR INCOME TAXES IS REQUIRED, AS IT HAS A NET OPERATING LOSS.

Part XIII Supplemental Information (continued)

ADDITIONALLY, THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE
CONSOLIDATED STATEMENTS OF ACTIVITIES OR CONSOLIDATED STATEMENTS OF
FINANCIAL POSITION.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE PER AUDITED FINANCIAL STATEMENTS

| | |
|--|-----------|
| CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS | \$34,249 |
| COST OF GOODS SOLD | \$210,205 |
| | ----- |
| TOTAL | \$244,454 |
| | ===== |

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED FINANCIAL STATEMENT

| | |
|--------------------|-----------|
| COST OF GOODS SOLD | \$210,205 |
| | ----- |
| TOTAL | \$210,205 |
| | ===== |

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016Open to Public
InspectionName of the organization **THE CHICAGO LIGHTHOUSE FOR PEOPLE**
WHO ARE BLIND OR VISUALLY IMPAIREDEmployer identification number
36-2169139**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

| | | (a) Event #1 ANNUAL DINNER (event type) | (b) Event #2 ASSOC BD HOUSE (event type) | (c) Other events 7. (total number) | (d) Total events (add col. (a) through col. (c)) |
|-----------------|---|---|--|--|--|
| | | | | | |
| Revenue | 1 Gross receipts | 372,941. | 82,266. | 233,449. | 688,656. |
| | 2 Less: Contributions | 286,631. | 80,473. | 167,873. | 534,977. |
| | 3 Gross income (line 1 minus line 2). | 86,310. | 1,793. | 65,576. | 153,679. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 23,111. | | 15,339. | 38,450. |
| | 6 Rent/facility costs | | | 36,648. | 36,648. |
| | 7 Food and beverages | 59,935. | | 34,284. | 94,219. |
| | 8 Entertainment | 12,032. | | 6,265. | 18,297. |
| | 9 Other direct expenses | 3,294. | 8,763. | 8,586. | 20,643. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 208,257. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -54,578. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|-------------------|--|----------------------|---|
| | | | | | |
| Revenue | 1 Gross revenue | | | 32,720. | 32,720. |
| | 2 Cash prizes | | | | |
| Direct Expenses | 3 Noncash prizes | | | 18,673. | 18,673. |
| | 4 Rent/facility costs | | | 3,500. | 3,500. |
| | 5 Other direct expenses | | | 18,194. | 18,194. |
| | 6 Volunteer labor | Yes _____ % No | Yes _____ % No | X Yes 67.0000% No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | 40,367. |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | -7,647. |

9 Enter the state(s) in which the organization conducts gaming activities: IL,

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

b If "No," explain:

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

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|------------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.0000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MARY LYNNE JANUSZEWSKI

Address ▶ 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ LINDSAY INGLIS - SPECIAL EVENTS MANAGER

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ COORDINATION, ADVERTISING, FUND RAISING

☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions:

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

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

SCHEDULE G, PART III, LINE 16

ADDITIONAL INFORMATION

INCLUDED IN THE POSITION OF MANAGER OF SPECIAL EVENTS IS THE RESPONSIBILITY OF COORDINATING THE CASINO NIGHT EVENT, AS WELL AS ADVERTISING, EXECUTING AND FUND RAISING FOR THE EVENT. COMPENSATION FOR RESPONSIBILITIES RELATING TO THIS EVENT IS INCLUDED IN THE MANAGER'S BASE SALARY.

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHICAGO LIGHTHOUSE FOR PEOPLE

WHO ARE BLIND OR VISUALLY IMPAIRED

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

36-2169139

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|---|
| (1) CHICAGO LIGHTHOUSE INDUSTRIES 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608 | 47-5665042 | 501 (C) (3) | 750,000. | 1,075,743. | COST | INVENTORY, DEINT | TO FUND START-UP AND CONTINUED OPERATIONS |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | | | | | | | |
| 3 Enter total number of other organizations listed in the line 1 table | | | | | | | 1. |

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

JSA
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Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

Page 2

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 SCHOLARSHIPS | 31. | 45,902. | | N/A | N/A |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANT FUNDS IN U.S.

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, AND ROOM AND BOARD DUE IS SUBMITTED TO THE MANAGER OF THE PROGRAM AND, IF APPROPRIATE, IS SUBMITTED TO THE PRESIDENT/CEO FOR APPROVAL. ACCORDINGLY, A CHECK IS CUT. IF THE SCHOLARSHIP FUNDS ARE TO BE USED FOR SOMETHING OTHER THAN THE PREVIOUSLY STATED ITEMS, PROPER RECEIPTS AND OTHER APPROPRIATE DOCUMENTATION IS REQUIRED BEFORE FUNDS ARE RELEASED TO THE Awardee. THE PROGRAM MANAGER

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MAINTAINS ON-GOING CONTACT WITH THE RECIPIENTS AND FOLLOWS THEIR PROGRESS
THROUGHOUT THEIR SCHOOL YEARS.

THE CHICAGO LIGHTHOUSE ANNUALLY AWARDS SCHOLARSHIPS TO ASSIST PEOPLE WHO
ARE BLIND OR VISUALLY IMPAIRED IN FURTHERING THEIR EDUCATION, BELIEVING
THAT EDUCATIONAL OPPORTUNITIES, OVER TIME, WILL CONVERT TO GREATER
OPPORTUNITIES FOR EMPLOYMENT. AN APPLICANT, TO BE ELIGIBLE, MUST BE BLIND
OR VISUALLY IMPAIRED. BEYOND THAT, SCHOLARSHIPS ARE AVAILABLE TO THIS
GROUP FOR UNDERGRADUATE, GRADUATE, VOCATIONAL OR OTHER CERTIFICATE OR
TRAINING PROGRAM. ONCE ENROLLED, THE SCHOLARSHIP CAN COVER TUITION, ROOM,

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

BOARD, BOOKS, TRANSPORTATION AND/OR OTHER EXPENSES DEEMED APPROPRIATE BY

THE SCHOLARSHIP COMMITTEE. EACH YEAR, SCHOLARSHIP APPLICATIONS ARE

SOLICITED THRU MAIL, EMAILS, LIGHTHOUSE PUBLICATIONS, PUBLICATIONS OF

OTHER ORGANIZATIONS, WEBSITE AND WORD OF MOUTH. THE SCHOLARSHIP COMMITTEE

MEETS A NUMBER OF TIMES TO REVIEW AND RATE ALL APPLICATIONS RECEIVED,

ACCORDING TO SPECIFIC CRITERIA. THE DOLLAR AMOUNT OF DONATIONS RECEIVED

INTO THE SCHOLARSHIP PROGRAM FOR THE YEAR DETERMINES THE AMOUNT AND

NUMBER OF SCHOLARSHIPS AVAILABLE. SCHOLARSHIPS ARE AWARDED BASED ON

OUTCOME OF REVIEW PROCESS.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.☐
☐
☐
☐

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

☐
☐
☐
☐

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (such as, maid, chauffeur, chef)

Yes No

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.☒
☐
☒

Compensation committee

Independent compensation consultant

Form 990 of other organizations

☐
☒
☒

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 SZLYK, JANET PRESIDENT & CEO | 250,050. | 15,000. | 19,522. | 4,373. | 629. | 289,574. | 0. |
| 2 JANUSZEWSKI, MARY LYNN VP & CFO | 168,830. | 10,000. | 7,494. | 3,177. | 29,035. | 218,536. | 0. |
| 3 TULLY, PAM VP & COO | 153,760. | 5,000. | 5,712. | 2,620. | 508. | 167,600. | 0. |
| 4 MILLER, JENNIFER CHIEF DEVELOPMENT OFFICER | 125,913. | 5,000. | 405. | 2,352. | 31,413. | 165,083. | 0. |
| 5 | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

DURING THE FISCAL YEAR, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVED DISCRETIONARY BONUSES PRIOR TO PAYMENT, INCLUDING THOSE REFLECTED IN FORM 990 SCHEDULE J, PART II. THE AMOUNTS ARE BASED ON INDIVIDUAL PERFORMANCE AND TO RECOGNIZE EXTRAORDINARY PERFORMANCE. THE APPROVAL OF THE DISCRETIONARY BONUSES IS DOCUMENTED CONTEMPORANEOUSLY IN THE EXECUTIVE COMMITTEE MEETING MINUTES.

**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.**▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016**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 Types of Property**

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | X | 1. | 10,525. | FMV |
| 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 | 4. | 59,810. | 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 | 15. | 6,571. | FMV |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (ATCH 1) | | 390. | 59,146. | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

29

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard contributions? | X | |
| 32a 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2016)

JSA

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PAGE 71

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

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED

THE CHICAGO LIGHTHOUSE IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

Part II

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| DESCRIPTION | (A) CHECK | (B) NUMBER OF CONTRIBUTIONS | (C) REVENUES REPORTED | (D) METHOD OF DETERMINING |
|------------------|-----------|-----------------------------|-----------------------|---------------------------|
| AUCTION/RAFFLE | X | 284. | 37,570. | FMV |
| PROGRAM SUPPLIES | X | 106. | 21,576. | FMV |
| TOTALS | | <u>390.</u> | <u>59,146.</u> | |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED

Employer identification number

FORM 990, PART III, LINE 3

CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES

AS OF JULY 1, 2016, CHICAGO LIGHTHOUSE INDUSTRIES HAS TAKEN OVER OPERATIONS OF THE MANUFACTURING, ASSEMBLY, FEDERAL GOVERNMENT SERVICE CONTRACTS AND CONTRACT CLOSEOUT ACTIVITIES PREVIOUSLY MANAGED BY THE CHICAGO LIGHTHOUSE. WHILE CHICAGO LIGHTHOUSE INDUSTRIES IS A SEPARATE ORGANIZATION, IT WILL CONTINUE TO PROVIDE EMPLOYMENT TO PEOPLE WHO ARE LEGALLY BLIND THROUGH THESE ACTIVITIES. PROGRAM SERVICE INFORMATION WILL BE REPORTED UNDER THE 990 FOR CHICAGO LIGHTHOUSE INDUSTRIES, AND INFORMATION FOR THESE AREAS WILL NO LONGER BE REPORTED AS A PROGRAM SERVICE WITHIN THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. THE CHICAGO LIGHTHOUSE HAS PROVIDED A TOTAL GRANT TO CHICAGO LIGHTHOUSE INDUSTRIES OF \$1,825,943, OVER THE COURSE OF THE FISCAL YEAR, AND INCLUDES INVENTORY, CASH, OCCUPANY AND MANAGEMENT.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES DESCRIPTION

PROGRAMS FOR CHILDREN AND YOUTH INCLUDE THE EARLY INTERVENTION PROGRAM, THE CHILDREN'S DEVELOPMENT CENTER, AND THE PRE-SCHOOL FOR ALL PROGRAM, WHICH PROVIDE SERVICES TO CHILDREN FROM BIRTH THROUGH AGE 21 WHO ARE BLIND, VISUALLY IMPAIRED AND/OR MULTI-DISABLED. 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

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

Employer identification number

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, AND OPTOMETRIC EXAMINATIONS THROUGH OUR LOW VISION CLINIC, OCCUPATIONAL THERAPY, TRANSPORTATION, SOCIAL WORK AND PSYCHOLOGICAL SERVICES. CHILDREN FROM AGE 3 TO 21 WHO ARE ENROLLED IN THE CHICAGO LIGHTHOUSE CHILDREN'S DEVELOPMENT CENTER RECEIVE SERVICES WHICH INCLUDE DAILY LIVING SKILLS, EDUCATIONAL AND RECREATIONAL ACTIVITIES AND PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY. THE PRE-SCHOOL FOR ALL PROGRAM IS A BLENDED PROGRAM, WHERE STUDENTS WHO ARE VISUALLY DISABLED ARE TAUGHT SIDE BY SIDE WITH SIGHTED STUDENTS, IN AN EFFORT TO FOSTER INCLUSION AND TOLERANCE FOR DISABILITIES. THIS PROGRAM HAS CREATED A SETTING WHERE THESE GROUPS CAN WORK AND LEARN SIDE BY SIDE, REALIZING THE STRENGTHS OF EACH GROUP. 164 CHILDREN, TEENS AND FAMILIES WERE SERVED DURING FY17, WITH EXPENSES OF \$1,535,219 AND REVENUES OF \$1,052,055.

LIGHTHOUSE NORTH, OUR GLENVIEW LOCATION, MADE POSSIBLE BY A MAJOR FOUNDATION, ENABLES SERVICES TO BE PROVIDED AT A LOCATION MORE CONVENIENT TO PEOPLE IN THAT AREA. EARLY INTERVENTION, LOW VISION, ADAPTIVE TECHNOLOGY, SENIORS, AS WELL AS CHILDREN ENRICHMENT PROGRAMS AND YOUTH TRANSITION AND EMPLOYMENT PROGRAMS OPERATED DURING FY17 AND MIRROR ACTIVITIES WHICH TAKE PLACE AT THE MAIN LOCATION IN CHICAGO. FY17 EXPENSES WERE \$967,571 AND REVENUES WERE \$353,194. SERVICES WERE PROVIDED TO MORE THAN 1,589 PEOPLE OF ALL AGES, WITH VISUAL IMPAIRMENTS.

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

Employer identification number

INDEPENDENT LIVING SERVICES INCLUDE PROGRAMS WHICH ARE DESIGNED TO MAXIMIZE INDEPENDENT LIVING FUNCTIONS IN THE HOME, WORKPLACE AND COMMUNITY AT LARGE. THE ADULT LIVING SKILLS PROGRAM ADMINISTERS LESSONS IN DAILY LIVING, ACADEMICS AND PRE-VOCATIONAL TRAINING TO ITS PARTICIPANTS. 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. THE 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. A GRANT FROM THE FEDERAL COMMUNICATIONS COMMISSION HAS ALLOWED THE LIGHTHOUSE TO INCREASE SERVICES TO THE DEAF-BLIND COMMUNITY. THE 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 TRAINING CLASSES ARE CENTRAL TO THIS PROGRAM. LUNCHEONS, AT VARIOUS TIMES THROUGHOUT THE YEAR, PROVIDE OPPORTUNITIES TO SOCIALIZE, NETWORK AND EXCHANGE RESOURCES AND IDEAS. PROGRAMS IN THIS SECTION SERVED 630 PEOPLE DURING FY17. EXPENSES FOR THIS GROUP OF SERVICES WERE \$849,241 AND REVENUES WERE \$338,752.

LIGHTHOUSE EMPLOYMENT SERVICES/VOCATIONAL REHABILITATION PROGRAMS PROVIDE

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

Employer identification number

ASSISTANCE TO PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND AS THEY PREPARE FOR AND SECURE EMPLOYMENT. A 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. JOB COACHING ASSISTANCE IS ALSO PROVIDED WHEN NEEDED. EMPLOYMENT TRAINING, JOB COUNSELING, ASSESSMENTS, JOB SUPPORT AND JOB COACHING ARE ALSO PROVIDED TO VETERANS, AS THEY WORK TOWARDS THE GOAL OF BECOMING EMPLOYED IN ONE OF THE CUSTOMER SERVICE CENTER PROJECTS. VOCATIONAL TRAINING PROGRAMS PROVIDE REHABILITATION AND TRAINING OPPORTUNITIES FOR PEOPLE WHO ARE BLIND, VISUALLY IMPAIRED AND MULTI-DISABLED, MANY OF WHOM HAVE NEVER WORKED OR WHO HAVE EXPERIENCED LONG-TERM UNEMPLOYMENT. INDUSTRIAL, JANITORIAL AND CUSTOMER SERVICE TRAINING OPPORTUNITIES ARE AVAILABLE DUE TO PARTIAL FUNDING PROVIDED THROUGH THE STATE OF ILLINOIS AND OTHER GRANT FUNDERS. UPON COMPLETION OF THESE PROGRAMS, THE INDIVIDUAL MOVES TO EMPLOYMENT SERVICES OR DIRECTLY TO A JOB WITHIN ONE OF THE CUSTOMER SERVICE CENTERS WITHIN THE CHICAGO LIGHTHOUSE, WITH SKILLS NECESSARY TO BE JOB-READY. ADAPTIVE TECHNOLOGY, WHICH INCLUDES A NATIONAL HELP DESK, UTILIZES 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

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

Employer identification number

RELATES TO THEIR WORK OR HOME ENVIRONMENT, DETERMINING COMPATIBILITY OF THE ASSISTIVE TECHNOLOGY WITH EXISTING EQUIPMENT, SET-UP, TRAINING AND FOLLOW-UP. INTERACTION AND CONSULTATION WITH EMPLOYERS AND COMPANY IT STAFF ALSO TAKES PLACE WHEN RELATED TO A JOB SETTING. THE NATIONAL HELP DESK IS AN ASSISTIVE TECHNOLOGY SUPPORT LINE THAT HELPS PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND SUCCESSFULLY RESOLVE COMPUTER PROBLEMS. MOBILITY TRAINING PROGRAM ALLOWS FOR INDEPENDENCE WHEN TRAVELLING AND ENABLES INDIVIDUALS TO GAIN SKILLS NECESSARY TO TRAVEL TO AND FROM A JOB. DURING FY17, 3,387 PEOPLE WERE SERVED IN THESE PROGRAMS AND 97 PLACEMENTS WERE MADE. EXPENSES WERE \$521,505 AND REVENUES WERE \$142,970.

OTHER PROGRAMS AND SERVICES INCLUDE A NUMBER OF PROGRAMS WITH A VARIETY OF FOCUSES. 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. CONNECTION CAN BE MADE VIA THE INTERNET AS WELL. SPECIAL INTEREST PROGRAMMING IS DEDICATED TO THE NEEDS AND INTERESTS OF PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. THE BEACON RADIO SHOW AIRS WEEKLY AND PROVIDES TOPICS OF INTEREST TO THE BLIND COMMUNITY. IT IS ESTIMATED THAT DURING FY17 LISTENERS TO CRIS AND THE BEACON NUMBERED 2,532. ALTHOUGH THIS FIGURE IS CONSIDERABLY LOWER FROM PRIOR YEARS, DUE TO SUB-CARRIER DIFFICULTIES DURING FY17, THE BROADCAST IS BACK ON TRACK FOR FY18. THE ARTHUR AND ESTHER KANE LEGAL CLINIC PROVIDES PRO-BONO LEGAL SERVICES TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED WITH LOW INCOMES IN

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

Employer identification number

METROPOLITAN CHICAGO AND THROUGHOUT THE UNITED STATES. THIS PROGRAM IS STAFFED ENTIRELY BY PAID AND VOLUNTEER STAFF WHO ARE BLIND OR VISUALLY IMPAIRED. LEGAL COUNSEL AND SERVICES PROVIDED CAN HELP NAVIGATE AND OVERCOME SOCIAL STEREOTYPES, WORKPLACE DISCRIMINATION AND HEAVY GOVERNMENT ASSISTANCE PROGRAMS. THE LIGHTHOUSE PROVIDED SERVICES TO 204 INDIVIDUALS THROUGH THIS LEGAL CLINIC DURING FY17. THE LIGHTHOUSE SCHOLARSHIP PROGRAM, WHICH PROVIDES SCHOLARSHIPS TO STUDENTS PURSUING UNDERGRADUATE, GRADUATE, AND POST GRADUATE STUDIES, AS WELL AS VOCATIONAL TRAINING PROGRAMS, WAS IN CONTACT WITH 54 STUDENTS DURING FY17. SCHOLARSHIP FUNDS (GRANTS) IN THE AMOUNT OF \$45,902 WERE PAID OUT TO 31 INDIVIDUALS. OUR INFORMATION AND REFERRAL SERVICES PROVIDED ASSISTANCE TO 6,599 PEOPLE, DURING FY17. FOR ALL OF THESE PROGRAMS, EXPENSES WERE \$356,002 AND REVENUES WERE \$0.

EMPLOYMENT SALES PROGRAM AND RETAIL OPERATIONS PROVIDED CASHIER, INVENTORY AND CUSTOMER SERVICE TRAINING AND EMPLOYMENT FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. THE LIGHTHOUSE CONVENIENCE STORE, WHICH CEASED OPERATION IN MID FY17, WAS LOCATED OFFSITE, AND WAS A PROGRAM AIMED AT REDUCING THE UNEMPLOYMENT RATE OF PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. INTERNSHIP OPPORTUNITIES WERE PROVIDED, AS WELL, TO SHARPEN CUSTOMER SERVICE SKILLS IN ORDER TO INCREASE THEIR CHANCES AND APPEAL FOR EMPLOYMENT AT OTHER COMPANIES AND ORGANIZATIONS. THE LIGHTHOUSE ALSO OPERATED A KIOSK AT MIDWAY AIRPORT, WHICH CEASED OPERATIONS IN MAY OF 2017. THE EMPLOYEES OF THAT KIOSK WERE ABSORBED INTO THE NEW COMPANY PROVIDING SERVICE TO THE AIRPORT. THE LIGHTHOUSE ALSO SUPPLIES THE VETERANS ADMINISTRATION WITH LOW VISION DEVICES AND ADAPTIVE

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

Employer identification number

TECHNOLOGY ITEMS, WHICH IN TURN, DISPENSES THESE ITEMS TO VETERANS WHO ARE BLIND OR VISUALLY IMPAIRED. IN FY17, THE VA PURCHASED 561 ITEMS FROM THE LIGHTHOUSE, TO DISPENSE TO SUCH VETERANS. DURING FY17, 7 PEOPLE WERE PROVIDED EMPLOYMENT IN THESE PROGRAMS, WITH EXPENSES OF \$165,755 AND REVENUES OF \$26,487.

FORM 990, PART VI, LINE 1A

DELEGATION OF AUTHORITY

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE FOLLOWING SEVEN (7)

DIRECTORS: THE CHAIRMAN OF THE BOARD, THE VICE CHAIRMAN OF THE BOARD, THE FIRST VICE CHAIRMAN IF MORE THAN ONE VICE CHAIRMAN IS SERVING AT ANY TIME

(HEREIN THE "CHAIRMAN" AND "VICE CHAIRMAN"), THE TREASURER, THE

SECRETARY, TWO MEMBERS-AT-LARGE AND THE IMMEDIATE PAST CHAIRMAN.

MEMBERS-AT-LARGE SHALL BE DIRECTORS WHO ARE NOT OFFICERS OF THE

CORPORATION WHO HAVE BEEN SELECTED BY THE BOARD OF DIRECTORS TO SERVE AT

THE BOARD'S PLEASURE. NO DIRECTOR SHALL SERVE AS A MEMBER-AT-LARGE OF THE

EXECUTIVE COMMITTEE FOR MORE THAN TWO (2) CONSECUTIVE YEARS. THE

IMMEDIATE PAST CHAIRMAN SHALL BE THE DIRECTOR WHO MOST RECENTLY HAS

SERVED FOR TWO YEARS OR MORE AS THE CHAIRMAN OF THE BOARD IMMEDIATELY

PRECEDING THE CURRENT CHAIRMAN. ANY OTHER DIRECTOR WHO HAS PREVIOUSLY

SERVED FOR TWO YEARS OR MORE AS CHAIRMAN OF THE BOARD SHALL BE DESIGNATED

"CHAIRMAN EMERITUS," WHILE SUCH PERSON CONTINUES TO SERVE AS A DIRECTOR,

BUT SUCH PERSON SHALL NOT BE AN OFFICER OF THE CORPORATION NOR A MEMBER

OF THE EXECUTIVE COMMITTEE BY VIRTUE OF SUCH DESIGNATION. A CHAIRMAN

EMERITUS MAY SERVE AS AN OFFICER OF THE CORPORATION IF ELECTED.

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

Employer identification number

THE EXECUTIVE COMMITTEE MAY TRANSACT ROUTINE BUSINESS BETWEEN REGULAR MEETINGS OF THE BOARD AND SHALL ACT IN EMERGENCIES. DURING THE MONTH IN WHICH THE ANNUAL MEETING IS HELD, THE EXECUTIVE COMMITTEE SHALL REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SHALL SET HIS/HER COMPENSATION.

THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY OF THE BOARD IN REFERENCE TO: (1) ADOPTING A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION, OR FOR DISSOLUTION; (2) FILLING VACANCIES ON THE BOARD OR ON ANY OF ITS COMMITTEES; (3) ELECTING, APPOINTING, OR REMOVING ANY OFFICER OR DIRECTOR OR MEMBER OF ANY COMMITTEE OR FIXING THE COMPENSATION OF ANY MEMBER OF A COMMITTEE; (4) ADOPTING, AMENDING, OR REPEALING THE BY-LAWS OR THE ARTICLES OF INCORPORATION; (5) ADOPTING A PLAN OF MERGER OR ADOPTING A PLAN OF CONSOLIDATION WITH ANOTHER CORPORATION OR AUTHORIZING THE SALE, LEASE, EXCHANGE OR MORTGAGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OR ASSETS OF THE CORPORATION; OR (6) AMENDING, ALTERING, REPEALING, OR TAKING ANY ACTION INCONSISTENT WITH ANY RESOLUTION OR ACTION OF THE BOARD OF DIRECTORS WHEN THE RESOLUTION OR ACTION OF THE BOARD OF DIRECTORS PROVIDES BY ITS TERMS THAT IT SHALL NOT BE AMENDED, ALTERED OR REPEALED BY ACTION OF A COMMITTEE. THE DESIGNATION AND APPOINTMENT OF ANY SUCH COMMITTEE AND THE DELEGATION THERETO OF AUTHORITY SHALL NOT OPERATE TO RELIEVE THE BOARD, OR ANY INDIVIDUAL DIRECTOR, OF ANY RESPONSIBILITY IMPOSED UPON IT, HIM OR HER BY LAW.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

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

Employer identification number

FORM 990 WAS 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 REVIEWED 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 WAS FILED.

FORM 990, PART VI, LINE 12C

EXPLANATION OF 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 PRESIDENT/CEO, WITH ASSISTANCE FROM THE BOARD LIAISON. IF FURTHER ACTION NEEDS TO BE TAKEN, THE ISSUE IS BROUGHT BEFORE THE EXECUTIVE COMMITTEE AND IF NECESSARY, THE FULL BOARD. THERE IS A REQUIREMENT TO REVIEW POTENTIAL CONFLICTS AS SITUATIONS MAY ARISE DURING THE YEAR. AS THE LIGHTHOUSE EMBARKS UPON VARIOUS BUSINESS TRANSACTIONS, IF THERE APPEARS TO BE A POTENTIAL CONFLICT WITH A SPECIFIC POTENTIAL TRANSACTION, THE LIGHTHOUSE GOES THROUGH THE SAME PROCESS AS IS DONE WITH THE BOARD MEMBERS' ANNUAL DECLARATIONS - REVIEW, FOLLOWED BY DISCUSSION WITH THE EXECUTIVE COMMITTEE AND IF NECESSARY, THE ISSUE IS BROUGHT TO A BOARD MEETING.

FORM 990, PART VI, LINES 15A & 15B

COMPENSATION REVIEW AND APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEES FOR THE CHIEF EXECUTIVE OFFICER POSITION, SALARY SURVEY WAS DONE

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
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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. ANNUAL INCREASES, FOR THIS POSITION, ARE BROUGHT BEFORE THE EXECUTIVE COMMITTEE, AS PART OF THE PERFORMANCE REVIEW PROCESS. 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.

FORM 990, PART VI, LINE 18

FORM 990 AND 990T PUBLICLY AVAILABLE

THE ORGANIZATION POSTS ITS FORM 990 AND FORM 990T ON ITS WEBSITE. THE ORGANIZATION WAS FORMED PRIOR TO THE FORM 1023, AND, THEREFORE, DOES NOT HAVE THIS FORM AVAILABLE ON ITS WEBSITE.

FORM 990, PART VI, LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ARTICLES OF INCORPORATION, BY-LAWS, BOARD MINUTES, IRS DETERMINATION

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
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LETTER, CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST. AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE ILLINOIS
ATTORNEY GENERAL'S OFFICE AND ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE
AND ON-LINE THROUGH MULTIPLE SOURCES.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF SPLIT INT AGREEMENTS \$ 34,249

TOTAL \$ 34,249

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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 AND
IN FURTHERANCE OF THIS OBJECTIVE, ASSISTS AND EMPLOYS PEOPLE WHO ARE
OTHERWISE DISABLED AND VETERANS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CUSTOMER SERVICE CENTER OPERATIONS INCLUDE PROVIDING CUSTOMER
SERVICE JOBS FOR CONTRACTS ENTERED INTO WITH BOTH PRIVATE
COMPANIES AND STATE AGENCIES AND THE ASSESSMENT AND TRAINING

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

Employer identification number

ATTACHMENT 2 (CONT'D)

PROGRAMS TO ASSIST POTENTIAL EMPLOYEES IN GAINING THE SKILLS
NECESSARY FOR EMPLOYMENT IN THIS AREA. THE COMMUNICATIONS CENTER
PROVIDES TRAINING FOR INDIVIDUALS IN THE AREA OF CUSTOMER SERVICE,
CALL CENTER OPERATIONS AND APPOINTMENT TAKING. PAID INTERNSHIPS
ARE AVAILABLE FOR THOSE WHO ARE INTERESTED IN THIS TYPE OF WORK
FUNDED BY A CITY OF CHICAGO GRANT. OTHER FUNDERS HAVE SUPPORTED
THESE EFFORTS AS WELL. AS THE LIGHTHOUSE CONTINUES WITH 6 MAJOR
CONTRACTS, 482 PEOPLE WITH VISUAL DISABILITIES, AS WELL AS OTHER
DISABILITIES AND VETERANS, WERE PROVIDED TRAINING AND/OR JOBS
DURING THE FISCAL YEAR. IN FY17, EXPENSES WERE \$22,141,491 AND
REVENUES WERE \$25,285,607.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

VISION REHABILITATION AND RESEARCH: THE SANDY AND RICK FORSYTHE
CENTER FOR COMPREHENSIVE VISION CARE, THE BERGMAN INSTITUTE FOR
PSYCHOLOGICAL SUPPORT, AS WELL AS THE PANGERE CENTER FOR INHERITED
RETINAL DISEASES, PROVIDE COMPREHENSIVE DIAGNOSTIC,
REHABILITATIVE, CLINICAL, PSYCHOLOGICAL, OPTOMETRIC AND
OPHTHALMOLOGICAL SERVICES, AS WELL AS RESEARCH, IN THE FIELD OF
LOW VISION. SERVICES ARE PROVIDED 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,
GRANTS SPECIFICALLY FOR VETERANS' CARE, MEDICARE AND OTHER

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
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ATTACHMENT 3 (CONT'D)

INSURANCE REIMBURSEMENTS, SERVICES ARE ALSO AVAILABLE REGARDLESS OF ONE'S ABILITY TO PAY, DUE TO THE GENEROSITY OF A NUMBER OF GRANTS TO SUPPORT THIS EFFORT. IN CONJUNCTION WITH THE EXAM PROCESS, VARIOUS ADAPTIVE DEVICES AND/OR GLASSES MAY BE TESTED FOR USEFULNESS TO THE PATIENT AND PURCHASE OF SUCH ITEMS MIGHT BE ENCOURAGED AS PART OF THE PATIENT'S REHABILITATIVE PROGRAM. APPROPRIATE TRAINING ON THE USE OF SUCH DEVICES IS ALSO PROVIDED. 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 AND ALSO PROVIDES EMPLOYMENT FOR A VISUALLY IMPAIRED PERSON. THE LOW VISION AREA AND THE PANGERE CENTER ALSO ENGAGE IN CUTTING EDGE RESEARCH ACTIVITIES TO DEVELOP NEW METHODS OF VISION REHABILITATION AND TO INVESTIGATE GENETIC INVOLVEMENT IN CERTAIN DISEASES. DURING FY17, PATIENTS, PARTICIPANTS, AND CONSUMERS NUMBERED 7,616. EXPENSES WERE \$2,053,470 AND REVENUES WERE \$965,900.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE INSTRUCTIONAL MATERIALS CENTER FOR THE STATE OF ILLINOIS IS ADMINISTERED BY THE CHICAGO LIGHTHOUSE AND FUNDED THROUGH THE ILLINOIS STATE BOARD OF EDUCATION. THIS PROGRAM ALSO RECEIVES AN

Name of the organization THE CHICAGO LIGHTHOUSE FOR PEOPLE
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ATTACHMENT 4 (CONT'D)

IN-KIND GRANT FROM THE AMERICAN PRINTING HOUSE FOR THE BLIND. THIS PROJECT SUPPLIES LARGE PRINT AND BRAILLE TEXT BOOKS AND 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 CCTVS, BRAILLE PRINTERS, TALKING AND LARGE SCREEN SOFTWARE, IS LOANED UPON REQUEST, AS WELL. THIS ENHANCES CHILDREN WITH VISUAL DISABILITIES IN THEIR EDUCATIONAL PURSUITS, FROM THEIR FIRST SCHOOL YEARS THROUGH HIGH SCHOOL GRADUATION. 4,721 STUDENTS RECEIVED BOOKS, EQUIPMENT OR SUPPLIES DURING FY17, INCURRING \$1,719,511 IN EXPENSE AND GENERATING \$0 IN REVENUE.

ATTACHMENT 5

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

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|--------------|
| SEATON ACQUISITION CORP 32487 COLLECTION CENTER DRIVE CHICAGO, IL 60693 | TEMP. LABOR | 1,683,579. |
| DAVIS STAFFING, INC. 21031 GOVERNORS HIGHWAY OLYMPIA FIELDS, IL 60461 | TEMP. LABOR | 1,241,257. |
| NETECH CORPORATION/PRESIDIO P.O. BOX 677638 DALLAS, TX 75267-7638 | TECH/CONSULTING | 511,176. |
| ROOFED RIGHT AMERICA 429 W. BODEN STREET MILWAUKEE, WI 53207 | BLDG MATLS & CONSTR. | 468,467. |
| INFORMIS HEALTH SOLUTIONS 1 N. DEARBORN STREET, SUITE 1150 | CALL CENTER SERVICES | 433,941. |

Schedule O (Form 990 or 990-EZ) 2016

Page **2**Name of the organization **THE CHICAGO LIGHTHOUSE FOR PEOPLE
WHO ARE BLIND OR VISUALLY IMPAIRED**

Employer identification number

ATTACHMENT 5 (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> |
|-------------------------|--------------------------------|---------------------|
| CHICAGO, IL 60601 | | |

ATTACHMENT 6FORM 990, PART IX - OTHER FEES

| <u>DESCRIPTION</u> | <u>(A) TOTAL FEES</u> | <u>(B) PROGRAM SERVICE EXP.</u> | <u>(C) MANAGEMENT AND GENERAL</u> | <u>(D) FUNDRAISING EXPENSES</u> |
|------------------------------|-------------------------------|---|---|---|
| TEMP. LABOR - CALL CENTERS | 2,924,976. | 2,924,976. | 0. | 0. |
| CUSTOMER SERV CTR OPERATIONS | 835,277. | 835,277. | 0. | 0. |
| OPTOMETRISTS/OPHTHALMOLOGIST | 455,140. | 455,140. | 0. | 0. |
| MISCELLANEOUS CONTRACTORS | 325,078. | 242,930. | 26,478. | 55,670. |
| THERAPISTS | 183,568. | 183,568. | 0. | 0. |
| OTHER TEMP. LABOR | 117,934. | 0. | 117,934. | 0. |
| TOTALS | <u>4,841,973.</u> | <u>4,641,891.</u> | <u>144,412.</u> | <u>55,670.</u> |

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

WHO ARE BLIND OR VISUALLY IMPAIRED

THE CHICAGO LIGHTHOUSE FOR PEOPLE

Related Organizations and Unrelated Partnerships

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ► **Attach to Form 990.**
 ► **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016**Open to Public
Inspection**

Employer identification number

36-2169139

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| | (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-----|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | | Yes | No |
| (1) | CHICAGO LIGHTHOUSE INDUSTRIES 1850 N. ROOSEVELT ROAD CHICAGO, IL 60608 46-5665042 | EMP FOR BLIND | IL | 501 (C) (3) | 10 | LIGHTHOUSE | | X |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |

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

JSA

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Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of- year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|-------------------------------------|--|---------------------------------|---------------------------------------|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | Yes | No |
|---|--|-----|----|
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. | | |
| b | Gift, grant, or capital contribution to related organization(s). | 1a | X |
| c | Gift, grant, or capital contribution from related organization(s). | 1b | X |
| d | Loans or loan guarantees to or for related organization(s). | 1c | X |
| e | Loans or loan guarantees by related organization(s). | 1d | X |
| f | Dividends from related organization(s). | 1e | X |
| g | Sale of assets to related organization(s). | 1f | |
| h | Purchase of assets from related organization(s). | 1g | X |
| i | Exchange of assets with related organization(s). | 1h | X |
| j | Lease of facilities, equipment, or other assets to related organization(s). | 1i | X |
| k | Lease of facilities, equipment, or other assets from related organization(s). | 1j | X |
| l | Performance of services or membership or fundraising solicitations for related organization(s). | 1k | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s). | 1l | X |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). | 1m | X |
| o | Sharing of paid employees with related organization(s). | 1n | X |
| p | Reimbursement paid to related organization(s) for expenses. | 1o | X |
| q | Reimbursement paid by related organization(s) for expenses. | 1p | X |
| r | Other transfer of cash or property to related organization(s). | 1q | X |
| s | Other transfer of cash or property from related organization(s). | 1r | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | 1s | X |

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | CHICAGO LIGHTHOUSE INDUSTRIES | B | 1,150,273. | COST |
| (2) | CHICAGO LIGHTHOUSE INDUSTRIES | L | 183,421. | COST |
| (3) | CHICAGO LIGHTHOUSE INDUSTRIES | N | 225,005. | COST |
| (4) | CHICAGO LIGHTHOUSE INDUSTRIES | O | 267,244. | COST |
| (5) | CHICAGO LIGHTHOUSE INDUSTRIES | Q | 463,210. | COST |
| (6) | | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocation? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|-------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |

Part VII **Supplemental Information**

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