

For Office Use Only

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ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **LISA MADIGAN** State of Illinois
 Charitable Trust Bureau, 100 West Randolph
 11th Floor, Chicago, Illinois 60601

Form AG990-IL
 Revised 3/05

CO # 01-001,314

Report for the Fiscal Period:

Beginning 7 / 1 / 2016

& Ending 6 / 30 / 2017

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 36-2169139

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 5 / 10 / 1906

LEGAL THE CHICAGO LIGHTHOUSE FOR PEOPLE
 NAME WHO ARE BLIND OR VISUALLY IMPAIRED
 MAIL
 ADDRESS 1850 W. ROOSEVELT ROAD
 CITY, STATE CHICAGO, IL
 ZIP CODE 60608

Year-end amounts	
A) ASSETS	A) \$ 31,734,440.
B) LIABILITIES	B) \$ 7,179,619.
C) NET ASSETS	C) \$ 24,554,821.

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

- D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)
- E) GOVERNMENT GRANTS & MEMBERSHIP DUES
- F) OTHER REVENUES
- G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)

PERCENTAGE	AMOUNT
90%	D) \$ 34,103,106.
7%	E) \$ 2,715,315.
3%	F) \$ 1,028,097.
100%	G) \$ 37,846,518.

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

- H) OPERATING CHARITABLE PROGRAM EXPENSE
- I) EDUCATION PROGRAM SERVICE EXPENSE
- J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)
- J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$
- K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS
- L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)
- M) MANAGEMENT AND GENERAL EXPENSE
- N) FUNDRAISING EXPENSE
- O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

80%	H) \$ 30,519,970.
%	I) \$
80%	J) \$ 30,519,970.
5%	K) \$ 1,825,943.
85%	L) \$ 32,345,913.
10%	M) \$ 3,949,849.
4%	N) \$ 1,651,928.
100%	O) \$ 37,947,690.

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign - Form IFC. One for each PFR.)

PROFESSIONAL FUNDRAISERS:

- P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS
- Q) TOTAL FUNDRAISERS FEES AND EXPENSES
- R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)

100%	P) \$
%	Q) \$
%	R) \$

PROFESSIONAL FUNDRAISING CONSULTANTS:

- S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

S) \$

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: JANET SZLYK, PRESIDENT & CEO

U) NAME, TITLE: MARY LYNNE JANUSZEWSKI, EVP & CFO

V) NAME, TITLE: PAM TULLY, EVP & COO

T) \$	284,572.
U) \$	186,324.
V) \$	164,472.

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

- W) DESCRIPTION: CALL CENTER OPERATIONS
- X) DESCRIPTION: VISION REHABILITATION AND RESEARCH
- Y) DESCRIPTION: INSTRUCTIONAL MATERIALS CENTER

List on back side of instructions CODE	
W) #	300
X) #	300
Y) #	120

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	X	
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: THE NORTHEN TRUST COMPANY 50 S. LASALLE STREET, CHICAGO, IL 60675		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: MARY LYNNE JANUSZEWSKI - 312-997-3664		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

JANET SZLYK, PHD

PRESIDENT or TRUSTEE (PRINT NAME)

Janet Szlyk, PhD 5/14/18
SIGNATURE DATE

MARY LYNNE JANUSZEWSKI
TREASURER or TRUSTEE (PRINT NAME)

Mary Lynne Januszeowski 5/14/18
SIGNATURE DATE

BRIDGET T ROCHE

PREPARER (PRINT NAME)

Bridget T Roche 5/14/18
SIGNATURE DATE

ILLINOIS FOOTNOTES

AG990-IL THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY
IMPAIRED

EIN: 36-2169139

CO#: 01-001,314

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED
HAS COMMINGLED PROPERTY IN THE FORM OF FIXED ASSETS THAT ARE SHARED
WITH CHICAGO LIGHTHOUSE INDUSTRIES, A 501(C)(3) ORGANIZATION. THESE
ORGANIZATIONS ARE RELATED ENTITIES.



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CERTIFIED MAIL / RETURN RECEIPT REQUESTED

Office of Illinois Attorney General
Charitable Trust Bureau
Attn: Annual Report Section
100 West Randolph Street, 11th Floor
Chicago, IL 60601-3175

Grant Thornton LLP
171 N. Clark Street, Suite 200
Chicago, IL 60601
T 312.856.0200
F 312.565.4719
www.GrantThornton.com

February 23, 2018

RE: Client Name: The Chicago Lighthouse for People
Who are Blind or Visually Impaired
FEIN: 36-2169139
CO No. 01-001,314
Year Ended: June 30, 2017

Dear Sir or Madam:

On behalf of the above-named charitable organization, an extension of time to file the Illinois Charitable Organization Annual Report (Form AG990-IL) is hereby requested until May 15, 2018. The organization requires additional time to gather the information necessary to file a complete and accurate return. Please find the following attached:

- "Preliminary" Illinois Charitable Organization Annual Report (Form AG990-IL)
- \$15 Payment
- Copies of the extension applications filed with the Internal Revenue Service
- Copy of the letter requesting an extension of time to file Form AG990-IL until February 28, 2018.
- "Preliminary" Return of (Form 990) or financial statements, including a balance sheet and report of income and expenses

Please acknowledge receipt of this letter by date-stamping the copy of this letter, which is enclosed, and returning it to us in the enclosed envelope.

If you have any questions concerning this matter, please feel free to contact me at (312) 602-8068.

Kind Regards,

Grant Thornton LLP

By:


Bridget T. Roche, Director

Enclosures



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November 15, 2017

Attorney General Lisa Madigan

Charitable Trust Bureau
Attn: Annual Report Section
100 West Randolph Street, 11th Floor
Chicago, IL 60601-3175

Grant Thornton LLP
171 N. Clark Street, Suite 200
Chicago, IL 60601
T 312.856.0200
F 312.565.4719
www.GrantThornton.com

RE: The Chicago Lighthouse for People Who Are Blind or Visually Impaired

FEIN: 36-2169139

CO No.: 01-001,314

Year Ended: June 30, 2017

Dear Sir or Madam:

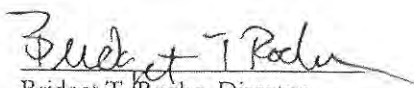
On behalf of the above-named charitable organization, an extension of time to file the Illinois Charitable Organization Annual Report (Form AG990-IL) is hereby requested until February 28, 2018. Attached is a copy of the Application for Extension of Time To File an Exempt Organization Return (Form 8868) that was filed with the Internal Revenue Service on behalf of the above-named organization. The taxpayer requests an extension in order to gather the information necessary to file a complete and accurate return.

Please acknowledge receipt of this letter by date-stamping the copy of this letter, which is enclosed, and returning it to us in the enclosed envelope.

If you have any questions concerning this matter, please feel free to contact me at (312) 602-8068.

Kind Regards,

Grant Thornton LLP

By: 
Bridget T. Roche, Director

Enclosure

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

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:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	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**

D Employer identification number: **36-2169139**

E Telephone number: **(312) 666-1331**

F Name and address of principal officer: **JANET SZLYK, PHD**
SAME AS C ABOVE

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)

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**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CHICAGO LIGHTHOUSE STRIVES TO PROVIDE QUALITY EDUCATIONAL, CLINICAL, REHABILITATION AND VOCATIONAL SERVICES TO PEOPLE WHO ARE BLIND, VISUALLY IMPAIRED, MULTI-DISABLED OR VETERANS	
	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.
	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.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 6,439,750. Current Year 8,256,852.
	9 Program service revenue (Part VIII, line 2g)	25,376,485. 28,205,843.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448,934. 762,141.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	778,219. 162,853.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,043,388. 37,387,689.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	75,808. 1,871,845.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,847,606. 24,435,470.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	1,403,304.
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 32,671,745. End of Year 31,734,440.
	21 Total liabilities (Part X, line 26)	8,401,901. 7,179,619.
	22 Net assets or fund balances. Subtract line 21 from line 20.	24,269,844. 24,554,821.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here

Signature of officer: *Janet Szlyk, PhD* Date: 05/11/2018
Type or print name and title: **JANET SZLYK, PHD** PRESIDENT & CEO

Paid Preparer Use Only

Print/Type preparer's name: **BRIDGET T ROCHE** Preparer's signature: *Bridget T Roche* Date: 05/11/2018
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)