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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
The Chicago Lighthouse for People Who Are Blind or Visually Impaired
% MARY LYNNE JANUSZEWSKI
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1850 W Roosevelt Road
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
1850 W Roosevelt Road
Chicago, IL 60608

D Employer identification number
36-2169139
E Telephone number
(312) 666-1331
G Gross receipts \$ 45,807,138

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
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 ☐ 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) 39

4 Number of independent voting members of the governing body (Part VI, line 1b) 37

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 1,326

6 Total number of volunteers (estimate if necessary) 264

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 12,582

Revenue

8 Contributions and grants (Part VIII, line 1h) 8,256,852 7,799,237

9 Program service revenue (Part VIII, line 2g) 28,205,843 32,463,619

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 762,141 739,488

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 162,853 211,027

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 37,387,689 41,213,371

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,871,845 1,002,000

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) 24,435,470 28,611,184

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,643,145

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 11,181,546 11,858,065

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 37,488,861 41,471,249

19 Revenue less expenses Subtract line 18 from line 12 -101,172 -257,878

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 31,734,440 31,163,368

21 Total liabilities (Part X, line 26) 7,179,619 7,053,106

22 Net assets or fund balances Subtract line 21 from line 20 24,554,821 24,110,262

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 President & CEO
Type or print name and title

2019-05-10
Date

Paid Preparer Use Only

Print/Type preparer's name
BRIDGET T ROCHE
Preparer's signature
BRIDGET T ROCHE
Date
2019-05-10
Check ☐ if self-employed
PTIN
P00666837
Firm's name ▶ GRANT THORNTON LLP
Firm's EIN ▶
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. Cat No 11282Y Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

ESTABLISHED IN 1906, THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED SERVES AS A LEADER, INNOVATOR, AND ADVOCATE. SEE SCHEDULE O.

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 \$	25,941,925	including grants of \$	0	(Revenue \$	29,685,191)
See Additional Data							



















4b	(Code)	(Expenses \$	2,171,071	including grants of \$	0	(Revenue \$	835,450)
See Additional Data							

4c	(Code)	(Expenses \$	1,787,756	including grants of \$	0	(Revenue \$	1,188,297)
See Additional Data							

4d	Other program services (Describe in Schedule O)					
	(Expenses \$	5,199,675	including grants of \$	1,002,000	(Revenue \$	754,681)

4e	Total program service expenses ▶	35,100,427
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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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
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	No
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	No
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	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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	No
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 Yes	
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 Yes	
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	No
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
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	No
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	No
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 Yes	
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 Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

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 ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	40	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	1,326	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 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?		No
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	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?		
9a	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.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	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.	12b	
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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. ☒**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	1a 39		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 37		
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?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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.	9		No

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?	10a	No
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
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.	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a Yes	
b Other officers or key employees of the organization	15b Yes	
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?	16a	No
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?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: IL	
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 1850 W ROOSEVELT ROAD Chicago, IL 60608 (312) 997-3664	

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

[illegible]

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 ► 11

Section B. Independent Contractors

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

(A)	(B)	(C)
-----	-----	-----

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 16</p>	
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Part VIII **Statement of Revenue**

Check 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	85,966			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	651,114			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,744,210			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,317,947			
	g Noncash contributions included in lines 1a-1f \$ _____		1,089,510			
	h Total. Add lines 1a-1f ▶		7,799,237			
Program Service Revenue		Business Code				
	2a SERVICE CONTR/CALL CNTRS	561300	29,642,335	29,642,335		
	b LOW VISION FEES & SALES	621990	1,098,626	1,098,626		
	c DEVELOPMENT CTR TUITION	611600	1,083,203	1,083,203		
	d FEES FROM GOV'T AGENCIES	624310	532,453	532,453		
	e MISCELLANEOUS REHAB FEES	624310	74,190	74,190		
	f All other program service revenue		32,812	32,812		
	g Total. Add lines 2a-2f ▶		32,463,619			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		308,980			308,980
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		662			662
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss) ▶		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	430,508				
	d Net gain or (loss) ▶		430,508			430,508
	8a Gross income from fundraising events (not including \$ 651,114 of contributions reported on line 1c) See Part IV, line 18 a		147,042			
	b Less direct expenses b		202,248			
	c Net income or (loss) from fundraising events ▶		-55,206			-55,206
	9a Gross income from gaming activities See Part IV, line 19 a		47,409			
	b Less direct expenses b		53,676			
	c Net income or (loss) from gaming activities ▶		-6,267			-6,267
	10a Gross sales of inventory, less returns and allowances a		0			
	b Less cost of goods sold b		0			
	c Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue	Business Code					
11a CAFETERIA	722210	142,468			142,468	
b PARKING	812930	118,754			118,754	
c MISCELLANEOUS	900099	9,288			9,288	
d All other revenue		1,328		0	1,328	
e Total. Add lines 11a-11d ▶		271,838				
12 Total revenue. See Instructions ▶		41,213,371	32,463,619	0	950,515	

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	950,532	950,532		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	51,468	51,468		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	758,456	69,708	544,767	143,981
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	139,458	109,529	6,848	23,081
7 Other salaries and wages.	23,475,107	21,105,846	1,605,722	763,539
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	239,559	215,160	16,428	7,971
9 Other employee benefits.	1,978,073	1,776,609	135,647	65,817
10 Payroll taxes.	2,020,531	1,785,794	166,959	67,778
11 Fees for services (non-employees).				
a Management.	0			
b Legal.	33,108		33,108	
c Accounting.	90,843		90,843	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	78,718		78,718	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,816,810	4,253,653	426,392	136,765
12 Advertising and promotion.	85,893	5,100		80,793
13 Office expenses.	2,192,699	1,698,016	319,812	174,871
14 Information technology.	320,590	97,428	202,506	20,656
15 Royalties.	0			
16 Occupancy.	542,769	301,235	232,721	8,813
17 Travel.	189,663	103,967	67,778	17,918
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	3,757	2,225	1,532	
20 Interest.	181,659	57,459	124,200	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	1,057,570	650,260	383,987	23,323
23 Insurance.	173,771	103,931	69,365	475
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	836,675	836,675	0	0
b AMERICAN PRINTING HOUSE	548,543	543,267	5,276	0
c CLIENT TRANS & MAINTENANCE	185,540	185,170	370	0
d CAFETERIA	171,448	0	171,448	0
e All other expenses	348,009	197,395	43,250	107,364
25 Total functional expenses. Add lines 1 through 24e.	41,471,249	35,100,427	4,727,677	1,643,145
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,850,817	1	416,783
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		2,912,344	3	1,328,929
	4	Accounts receivable, net		2,714,857	4	4,406,309
	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		192,528	8	161,672
	9	Prepaid expenses and deferred charges		366,585	9	185,983
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 30,024,812			
	b	Less: accumulated depreciation	10b 19,348,704	11,447,734	10c	10,676,108
	11	Investments—publicly traded securities		11,043,962	11	13,387,912
	12	Investments—other securities. See Part IV, line 11		630,735	12	0
	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		574,878	15	599,672
16	Total assets. Add lines 1 through 15 (must equal line 34)		31,734,440	16	31,163,368	
Liabilities	17	Accounts payable and accrued expenses		2,973,051	17	3,481,093
	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		4,206,568	23	3,572,013
	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		7,179,619	26	7,053,106
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		19,081,160	27	18,631,719
	28	Temporarily restricted net assets		3,478,761	28	3,457,541
	29	Permanently restricted net assets		1,994,900	29	2,021,002
	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		24,554,821	33	24,110,262
	34	Total liabilities and net assets/fund balances		31,734,440	34	31,163,368

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,213,371
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,471,249
3	Revenue less expenses Subtract line 2 from line 1	3	-257,878
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,554,821
5	Net unrealized gains (losses) on investments	5	-202,651
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	15,970
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,110,262

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 36-2169139
Name: The Chicago Lighthouse for People
Who Are Blind or Visually Impaired

Form 990 (2017)

Form 990, Part III, 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 PROGRAMS TO ASSIST POTENTIAL EMPLOYEES IN GAINING THE SKILLS NECESSARY FOR EMPLOYMENT IN THIS AREA
SEE SCHEDULE O

Form 990, Part III, 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 SEE SCHEDULE O

Form 990, Part III, Line 4c:

Programs for Children and Youth include The Early Intervention Program, The Children's Development Center, The Pre-School for All Program, and The Youth Transitions Program, all of which, together, provide services and/or opportunities to children and teens, who are blind, visually impaired and/or multi-disabled, from birth through young adulthood, as well as to their families SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Rich Gary Chairman	2 0 1 0	X		X				0	0	0
Schnadig Richard H Past Chairman	1 0 0 0	X		X				0	0	0
Stark Julie Vice Chairman	1 0 0 0	X		X				0	0	0
Clarke Robert Assistant Treasurer	1 0 0 0	X		X				0	0	0
Hague Bruce Treasurer	1 0 0 0	X		X				0	0	0
McNally Jaclyn Assistant Secretary	1 0 0 0	X		X				0	0	0
Hochstadt Katie Secretary	1 0 0 0	X		X				0	0	0
Boykin Richard Director	1 0 0 0	X						0	0	0
Broutman Larry Director	1 0 0 0	X						0	0	0
Cohen Anida Johnson Cookie Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Coleman John Director	1 0 0 0	X						0	0	0
Conaghan William Director	1 0 0 0	X						0	0	0
Deutsch Thomas Director	1 0 0 0	X						0	0	0
Forsythe Sandra Director	1 0 0 0	X						0	0	0
Grossinger Caroline Director from 11/29/17	1 0 0 0	X						0	0	0
Huber David Director	1 0 0 0	X						0	0	0
Jensen Val Director	1 0 0 0	X						0	0	0
Jepson Edward Director	1 0 0 0	X						0	0	0
Kaplan Joel Director	1 0 0 0	X						0	0	0
Kesteloot James Director	5 0 0 0	X						23,681	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Kraff Manus Director	1 0 0 0	X						0	0	0
Lader Marvin Director	1 0 1 0	X						0	0	0
Livingston Tom Director	1 0 0 0	X						0	0	0
Martin Ellen Director	1 0 0 0	X						0	0	0
Mayer Beatrice Cummings Director	1 0 0 0	X						0	0	0
McCaskey Judy Director	1 0 0 0	X						0	0	0
Meehan Michael Director	1 0 2 0	X						0	0	0
Morrison Dale Director	1 0 0 0	X						0	0	0
Norington-Reaves Karin Director From 11/29/17	1 0 0 0	X						0	0	0
Nathan Walter Director	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Randolph Laurie Director	1 0 0 0	X						0	0	0
Raske John Director	1 0 0 0	X						0	0	0
Reeser Vonita Director	1 0 0 0	X						0	0	0
Rink Paul Director	1 0 0 0	X						0	0	0
Rourke Robert Director	1 0 0 0	X						0	0	0
Saenz Arturo Director	1 0 0 0	X						0	0	0
Scher Paul Director	1 0 0 0	X						0	0	0
Vilim Donald Director	1 0 0 0	X						0	0	0
Szlyk Janet President & CEO	32 0 8 0	X		X				308,437	0	9,295
Januszewski Mary Lynne EVP & CFO	32 0 8 0			X				198,753	0	32,289

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Tully Pamela EVP & COO	32 0 8 0			X				168,341	0	3,192
Miller Jennifer Chief Development Officer	40 0 0 0					X		141,259	0	33,295
Bonzani Jeanette SVP - HR	40 0 0 0					X		133,116	0	2,696
Vilchez Ricardo SVP - Information Technology	40 0 0 0					X		129,883	0	3,719
Longo Terrence Project Consultant	40 0 0 0					X		112,019	0	2,958
Crumbliss Kara VP - Clinical Service	40 0 0 0					X		106,386	0	1,755

SCHEDULE A

(Form 990 or 990EZ)

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

2017

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 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 **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		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,706,357	8,069,741	6,439,750	8,256,852	7,799,237	39,271,937
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	21,929,595	25,761,426	29,671,329	28,375,170	32,463,619	138,201,139
3	Gross receipts from activities that are not an unrelated trade or business under section 513	154,520	145,965	183,135	186,399	194,451	864,470
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	30,790,472	33,977,132	36,294,214	36,818,421	40,457,307	178,337,546
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	375,006	197,070	212,058	336,061	1,268,170	2,388,365
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	13,879,068	17,725,859	20,911,709	24,060,422	27,856,829	104,433,887
c	Add lines 7a and 7b	14,254,074	17,922,929	21,123,767	24,396,483	29,124,999	106,822,252
8	Public support. (Subtract line 7c from line 6.)						71,515,294

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	30,790,472	33,977,132	36,294,214	36,818,421	40,457,307	178,337,546
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	386,595	344,966	369,789	284,064	309,642	1,695,056
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	386,595	344,966	369,789	284,064	309,642	1,695,056
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.)	114,998	117,583	129,502	261,986	271,838	895,907
13	Total support. (Add lines 9, 10c, 11, and 12.)	31,292,065	34,439,681	36,793,505	37,364,471	41,038,787	180,928,509

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** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	39.527 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	46.410 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.937 %
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	1.160 %

19a 33 1/3% support tests—2017. 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—2016. 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 on line 12 of 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

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? <i>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.</i>		
	1	
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? <i>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.</i>		
	2	

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)? <i>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).</i>		
	1	

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?		
	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

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.

	Yes	No
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? <i>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.</i>		
	2a	
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? <i>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.</i>		
	2b	
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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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)	1		
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 <input type="checkbox"/> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 36-2169139

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

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)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493131009249	
SCHEDULE D (Form 990)		Supplemental Financial Statements			OMB No 1545-0047
Department of the Treasury Internal Revenue Service		<p>► 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.</p> <p>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</p>			2017 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 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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 an 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 on 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 on 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.					
			Cat No 52283D Schedule D (Form 990) 2017		

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in 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	2,611,431	2,517,057	3,087,614	3,068,442	2,897,351
b Contributions					
c Net investment earnings, gains, and losses	59,950	123,070	-38,868	48,197	209,974
d Grants or scholarships					
e Other expenditures for facilities and programs	31,068	28,696	531,689	29,025	38,883
f Administrative expenses					
g End of year balance	2,640,313	2,611,431	2,517,057	3,087,614	3,068,442

2

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

a

Board designated or quasi-endowment

1330%

b

Permanent endowment

54770%

c

Temporarily restricted endowment

43900%

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

3a(i)

No

(ii) related organizations

3a(ii)

No

b

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

3b

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		20,278,877	10,796,176	9,482,701
c Leasehold improvements				
d Equipment		8,055,393	7,355,371	700,022
e Other		1,368,549	1,197,157	171,392
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				10,676,108

Schedule D (Form 990) 2017

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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	0

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	41,157,591
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-202,651
b	Donated services and use of facilities	2b	130,901
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	15,970
e	Add lines 2a through 2d	2e	-55,780
3	Subtract line 2e from line 1	3	41,213,371
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	41,213,371

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	41,602,150
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	130,901
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	130,901
3	Subtract line 2e from line 1	3	41,471,249
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	41,471,249

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2169139
Name: The Chicago Lighthouse for People
Who Are Blind or Visually Impaired

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUND THE BOARD DESIGNATED ENDOWMENT IS MAINTAINED TO GENERATE INVESTMENT INCOME FOR FUNDING OF EXPENDITURES RELATING TO ACTIVITIES OF A RESIDENCY PROGRAM IN THE LOW VISION CLINIC REHABILITATION SERVICE EARNINGS FROM VARIOUS PERMANENT ENDOWMENTS PROVIDE FUNDING FOR EXPENDITURES RELATING TO SERVICES PROVIDED THROUGH THE LOW VISION CLINIC TO ELDERLY, LOW-INCOME PATIENTS, TO SERVICES PROVIDED IN THE OFFICE SKILLS TRAINING PROGRAM, DEAF-BLIND PROGRAM AND GENERAL AGENCY ACTIVITIES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>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 BUSINESSES 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 ADDITIONALLY, THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES OR CONSOLIDATED STATEMENTS OF FINANCIAL POSITION</p>

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUE PER AUDITED FINANCIAL STATEMENTS CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS
	\$15,970 ----- TOTAL \$15,970 -----

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

2017

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 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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	(b) Event #2	(c) Other events	(d)
		<u>ANNUAL DINNER</u> (event type)	<u>CASINO NIGHT</u> (event type)	<u>7</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	417,593	89,989	290,574	798,156
	2 Less Contributions	339,781	89,989	221,344	651,114
	3 Gross income (line 1 minus line 2)	77,812		69,230	147,042
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	22,410		20,113	42,523
	6 Rent/facility costs			23,616	23,616
	7 Food and beverages	71,010		35,604	106,614
	8 Entertainment	12,277		3,650	15,927
	9 Other direct expenses	2,880		10,688	13,568
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				202,248
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-55,206

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			47,409	47,409
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			33,237	33,237
	4 Rent/facility costs			1,500	1,500
	5 Other direct expenses			18,939	18,939
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 67 000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				53,676
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				-6,267

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 _____

10a 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	100 000 %

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

15a 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 Mgr

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations 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).

Return Reference	Explanation
SCHEDULE G, PART II, COLUMN (B)	CASINO NIGHT EVENT EXPENSES THE CHICAGO LIGHTHOUSE IS REPORTING THE EXPENSES RELATED TO THE CASINO NIGHT ON SCHEDULE G, PART III OTHER GAMING IN ACCORDANCE WITH IRS INSTRUCTIONS AS SUCH, THIS EVENT IS CORRECTLY REPORTED AS A FUNDRAISING EVENT RATHER THAN A SOLICITATION OF CONTRIBUTIONS NET REVENUES GENERATED FROM THE CASINO NIGHT EVENT IN FISCAL YEAR 2018 WERE \$83,722
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.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
The Chicago Lighthouse for People
Who Are Blind or Visually Impaired

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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) Chicago Lighthouse Industries 1850 W Roosevelt Road Chicago, IL 60608	47-5665042	501(c)(3)	0	950,532	Cost	Mat , Mgmt, Fac	to fund continued operations

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships	27	51,468		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.

Return Reference	Explanation
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 MAINTAINS ON-GOING CONTACT WITH THE RECIPIENTS AND FOLLOWS THEIR PROGRESS THROUGHOUT THEIR SCHOOL YEARS
PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION	THE CHICAGO LIGHTHOUSE ANNUALLY AWARDS SCHOLARSHIPS TO ASSIST PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED IN FURTHERING THEIR EDUCATION, BELIEVING THAT EDUCATIONAL OPPORTUNITIES, OVER TIME, WILL CONVERT TO GREATER OPPORTUNITIES FOR EMPLOYMENT AN APPLICANT, TO BE ELIGIBLE, MUST BE BLIND OR VISUALLY IMPAIRED BEYOND THAT, SCHOLARSHIPS ARE AVAILABLE TO THIS GROUP FOR UNDERGRADUATE, GRADUATE, VOCATIONAL OR OTHER CERTIFICATE OR TRAINING PROGRAM ONCE ENROLLED, THE SCHOLARSHIP CAN COVER TUITION, ROOM, BOARD, BOOKS, TRANSPORTATION AND/OR OTHER EXPENSES DEEMED APPROPRIATE BY THE SCHOLARSHIP COMMITTEE EACH YEAR, SCHOLARSHIP APPLICATIONS ARE SOLICITED THRU MAIL, EMAILS, LIGHTHOUSE PUBLICATIONS, PUBLICATIONS OF OTHER ORGANIZATIONS, WEBSITE AND WORD OF MOUTH THE SCHOLARSHIP COMMITTEE MEETS A NUMBER OF TIMES TO REVIEW AND RATE ALL APPLICATIONS RECEIVED, ACCORDING TO SPECIFIC CRITERIA THE DOLLAR AMOUNT OF DONATIONS RECEIVED INTO THE SCHOLARSHIP PROGRAM FOR THE YEAR DETERMINES THE AMOUNT AND NUMBER OF SCHOLARSHIPS AVAILABLE SCHOLARSHIPS ARE AWARDED BASED ON OUTCOME OF REVIEW PROCESS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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.

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

b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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 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 in 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)?

Yes No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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 are not 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.

[illegible]

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.

Return Reference	Explanation
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)

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
2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	964,921	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	13	2,643	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Auction/Raffle)	X	310	54,893	FMV
26 Other ▶ (Program Supplies)	X	248	63,553	FMV
27 Other ▶ (Furniture)	X	1	3,500	FMV
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

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 is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

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?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED THE CHICAGO LIGHTHOUSE IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Chicago Lighthouse for People
Who Are Blind or Visually Impaired

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

2017

**Open to Public
Inspection**

Employer identification number

36-2169139

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION CONTD 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENT CONTD 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 TRANSITIONAL EMPLOYMENT GRANT OTHER FUNDERS HAVE SUPPORTED THESE EFFORTS, AS WELL AS THE LIGHTHOUSE CONTINUES WITH SIX MAJOR CONTRACTS, 491 PEOPLE WITH VISUAL DISABILITIES, AS WELL AS THOSE WITH OTHER DISABILITIES AND VETERANS, WERE PROVIDED TRAINING AND/OR JOBS DURING THE FISCAL YEAR IN FY18, EXPENSES WERE \$25,941,925 AND REVENUES WERE \$29,685,191

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>PROGRAM SERVICE ACCOMPLISHMENT CONTD FUNDED IN PART THROUGH PRIVATE FEES, GRANTS SPECIFICALLY FOR VETERANS' CARE, MEDICARE AND OTHER INSURANCE REIMBURSEMENTS, SERVICES ARE ALSO AVAILABLE REGARDLESS OF ONE'S ABILITY TO PAY, DUE TO THE GENEROSITY OF A NUMBER OF GRANTS TO SUPPORT THIS EFFORT IN CONJUNCTION WITH THE EXAM PROCESS, VARIOUS ASSISTIVE TECHNOLOGY 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 FY18, PATIENTS, PARTICIPANTS, AND CONSUMERS NUMBERED 6,853 EXPENSES WERE \$2,171,071 AND REVENUES WERE \$835,450</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>PROGRAM SERVICE ACCOMPLISHMENT CONTD THE CHICAGO LIGHTHOUSE BIRTH TO THREE FAMILY INTERVENTION PROGRAM PROVIDES HOME-BASED AND CENTER-BASED SERVICES TO FAMILIES WITH CHILDREN, FROM BIRTH TO THREE YEARS OF AGE, WHO HAVE BEEN IDENTIFIED OR DIAGNOSED WITH VISUAL IMPAIRMENTS THE LIGHTHOUSE STAFF AND FAMILY MEMBERS WORK TOGETHER DURING A CHILD'S EARLY STAGES OF LIFE TO ENCOURAGE AND GUIDE THROUGH THE NATURAL STAGES OF PHYSICAL, SOCIAL, COGNITIVE AND EMOTIONAL DEVELOPMENT SERVICES INCLUDE DEVELOPMENTAL THERAPY, VISION ASSESSMENTS, EVALUATIONS, AND OPTOMETRIC EXAMINATIONS THROUGH OUR LOW VISION CLINIC, OCCUPATIONAL THERAPY, SOCIAL WORK AND PSYCHOLOGICAL SERVICES CHILDREN FROM AGE 3 THROUGH THEIR 22ND BIRTHDAY, WHO ARE ENROLLED IN THE CHICAGO LIGHTHOUSE CHILDRENS 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 OUR YOUTH TRANSITIONS PROGRAM PROVIDES ACTIVITIES OF DAILY LIVING, OUTINGS, AND SOCIAL INTERACTION AMONG PEERS, TO ASSIST IN PREPARING TEENS FOR INDEPENDENCE WITHIN THEIR DAILY LIVES HIGHLIGHTS OF THIS RELATIVELY NEW PROGRAM INCLUDE A "SUMMER IN THE CITY" WEEK AND A FIRST JOBS PROGRAM DURING FY18, 218 CHILDREN, TEENS, AND FAMILIES WERE SERVED INCURRING EXPENSES OF \$1,787,756 AND REVENUES OF \$1,188,297</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>OTHER PROGRAM SERVICES DESCRIPTION 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 in-kind grant from the American Printing House for the Blind. This project supplies large print and Braille text books and assistive technology 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. Assistive technology 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. 4,804 students received books, equipment or supplies during FY18, incurring \$1,782,721 in expense and generating \$94 in revenue.</p> <p>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 ASSISTIVE TECHNOLOGY 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 565 PEOPLE DURING FY18. EXPENSES FOR THIS GROUP OF SERVICES WERE \$890,253 AND REVENUES WERE \$335,990. 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, Assistive Technology, Seniors, as well as Children enrichment programs and Youth transition and employment programs operated during FY18 and mirror activities which take place at the main location in Chicago. FY18 expenses were \$850,539 and revenues were \$320,037. Services were provided to more than 1,578 people.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>of all ages, with visual impairments CHICAGO LIGHTHOUSE INDUSTRIES NOW OPERATES 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 CONTINUES TO PROVIDE EMPLOYMENT TO PEOPLE WHO ARE LEGALLY BLIND, THROUGH THESE ACTIVITIES PROGRAM SERVICE INFORMATION IS REPORTED UNDER THE 990 FOR CHICAGO LIGHTHOUSE INDUSTRIES AND INFORMATION FOR THESE AREAS ARE NOT 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 \$950,532, OVER THE COURSE OF FY18, AND INCLUDES OCCUPANCY AND MANAGEMENT SERVICES OTHER PROGRAMS AND SERVICES INCLUDE A NUMBER OF PROGRAMS WITH A VARIETY OF FOCUSES CHICAGO-LAND RADIO INFORMATION SERVICE (CRIS), WHICH 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 Aired WEEKLY AND PROVIDED TOPICS OF INTEREST TO THE BLIND COMMUNITY IT IS ESTIMATED THAT DURING FY18, LISTENERS TO CRIS AND THE BEACON NUMBERED 4,605 THE ARTHUR AND ESTHER KANE LEGAL CLINIC PROVIDES PRO-BONO LEGAL SERVICES TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED WITH LOW INCOMES IN METROPOLITAN CHICAGO AND THROUGHOUT THE UNITED STATES THIS PROGRAM IS STAFFED 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 190 INDIVIDUALS THROUGH THIS LEGAL CLINIC, DURING FY18 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 39 STUDENTS DURING FY18 SCHOLARSHIP FUNDS (GRANTS) IN THE AMOUNT OF \$51,468 WERE PAID OUT TO 27 INDIVIDUALS OUR INFORMATION AND REFERRAL SERVICES PROVIDED ASSISTANCE TO 5,302 PEOPLE, DURING FY18 FOR ALL OF THESE PROGRAMS, EXPENSES WERE \$373,578 AND REVENUES WERE \$0 LIGHTHOUSE EMPLOYMENT SERVICES/VOCATIONAL REHABILITATION PROGRAMS PROVIDE 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 MA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>XIMIZE 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 GOA L OF BECOMING EMPLOYED IN ONE OF THE CUSTOMER SERVICE CENTER PROJECTS VOCATIONAL TRAINING PROGRAMS PROVIDE REHABILITATION AND TRAINING OPPORTUNITIES FOR PEOPLE WHO ARE BLIND, VISU ALLY IMPAIRED AND MULTI-DISABLED, MANY OF WHOM HAVE NEVER WORKED OR WHO HAVE EXPERIENCED L ONG-TERM UNEMPLOYMENT INDUSTRIAL, JANITORIAL AND CUSTOMER SERVICE TRAINING OPPORTUNITIES ARE AVAILABLE DUE TO PARTIAL FUNDING PROVIDED THROUGH THE STATE OF ILLINOIS AND OTHER GRAN T 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 LIGHTHO USE, WITH SKILLS NECESSARY TO BE JOB-READY ASSISTIVE TECHNOLOGY UTILIZES ASSISTIVE COMPUT ER HARDWARE AND SOFTWARE TO HELP INDIVIDUALS MEET THE CHALLENGES OF A VISUAL IMPAIRMENT S ERVICES INCLUDE EVALUATING THE TECHNOLOGICAL NEEDS OF A PERSON WHO IS VISUALLY IMPAIRED OR BLIND AS IT RELATES TO THEIR WORK OR HOME ENVIRONMENT, DETERMINING COMPATIBILITY OF THE A SSISTIVE TECHNOLOGY WITH EXISTING EQUIPMENT, SET-UP, TRAINING AND FOLLOW-UP INTERACTION A ND CONSULTATION WITH EMPLOYERS AND COMPANY IT STAFF ALSO TAKES PLACE, WHEN RELATED TO A JO B SETTING MOBILITY TRAINING PROGRAM ALLOWS FOR INDEPENDENCE WHEN TRAVELLING AND ENABLES I NDIVIDUALS TO GAIN SKILLS NECESSARY TO TRAVEL TO AND FROM A JOB DURING FY18, 3,285 PEOPLE WERE SERVED IN THESE PROGRAMS AND 161 PLACEMENTS WERE MADE EXPENSES WERE \$352,052 AND RE VENUES WERE \$98,560</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>EXPLANATION OF DELEGATED BROAD AUTHORITY TO COMMITTEE 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" "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 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	FORM 990 REVIEW PROCESS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>COMPENSATION REVIEW AND APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEES FOR THE CHIEF EXECUTIVE OFFICER POSITION, SALARY SURVEY WAS DONE UTILIZING DATA FROM 990 IRS FORMS FROM SIMILAR ORGANIZATIONS THAT PROVIDE THE SAME SERVICES AND CHICAGO-LAND AREA ORGANIZATIONS GUIDESTAR ORG WAS UTILIZED IN ORDER TO OBTAIN THE INFORMATION BASED ON IRS DATA THE FOLLOWING INFORMATION WAS GATHERED FROM THE ORGANIZATIONS --- SALARY, BENEFITS/DEFERRED COMPENSATION, REVENUE, EXPENSES, NET ASSETS, NUMBER OF EMPLOYEES AND CLIENTS SERVED THE SALARY SURVEY WAS REVIEWED BY THE BOARD SEARCH COMMITTEE WHICH CONSISTED OF THE PRESIDENT, DIRECTOR OF HUMAN RESOURCES AND BOARD MEMBERS A RECOMMENDATION WAS MADE TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS APPROVED THE RECOMMENDATION 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE ARTICLES OF INCORPORATION, BY-LAWS, BOARD MINUTES, IRS DETERMINATION 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CHANGE IN VALUE OF SPLIT INT AGREEMENTS \$15,970 ----- - TOTAL \$15,970 -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMP LABOR - CALL CENTERS TOTAL FEES 2911067

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CUSTOMER SERV CTR OPERATIONS TOTAL FEES 474059

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OPTOMETRISTS/OPHTHALMOLOGIST TOTAL FEES 392679

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TEMP LABOR TOTAL FEES 361374

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION THERAPISTS TOTAL FEES 219599

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ALL OTHER TOTAL FEES 202134

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICAL EXAMS TOTAL FEES 91564

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RECRUITMENT TOTAL FEES 87894

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MARKETING CONSULTANT TOTAL FEES 76440

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2017

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 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

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 W ROOSEVELT ROAD CHICAGO, IL 60608 46-5665042	EMP FOR BLIND	IL	501(c)(3)	10	LIGHTHOUSE		No

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	

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

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?

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)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

Yes

Yes

Yes

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2017

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)