CHICAGO LIGHTHOUSE INDUSTRIES Form 990 for the Year Ended June 30, 2019 Public Disclosure Copy

Form **990**Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2018
Open to Public

Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30,2019 D Employer identification number C Name of organization B Check if applicable CHICAGO LIGHTHOUSE INDUSTRIES Address Doing Business As 47-5665042 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 1850 W. ROOSEVELT ROAD (312) 666-1331 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated Amended CHICAGO, IL 60608 G Gross receipts \$ 5,777,863. Application pending F Name and address of principal officer: JANET SZLYK, PHD H(a) Is this a group return for Yes X No SAME AS C ABOVE H(b) Are all subordinates included? 501(c) (4947(a)(1) or (insert no.) 527 If "No," attach a list, (see instructions) Website: ▶ WWW.CHICAGOLIGHTHOUSE.ORG/INDUSTRIES H(c) Group exemption number Form of organization: X | Corporation Trust Association L Year of formation: 2015 M State of legal domicile: IL Part | Summary Briefly describe the organization's mission or most significant activities: CHICAGO LIGHTHOUSE INDUSTRIES PROVIDES REHABILITATION, TRAINING AND EMPLOYMENT FOR INDIVIDUALS WITH BLINDNESS Activities & Governance AND/OR VISUAL IMPAIRMENT THROUGH ITS PROGRAMS AND GOVERNMENT CONTRACTS 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) 9. Number of independent voting members of the governing body (Part VI, line 1b) 4 8. 73. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, line 34 0 7h **Current Year** Contributions and grants (Part VIII, line 1h) 785 333,091. Revenue COPY FOR Program service revenue (Part VIII, line 2g) 1,412,707. 1,715,106. PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d). 120 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 637,274. 581,582. 2,050,801. 2,629,899. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 . Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0 0 . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). . . . 15 1,379,550. 1,589,957. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . b Total fundraising expenses (Part IX, column (D), line 25) ▶_____ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 666,192 646,287. 2,045,742. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,236,244 19 Revenue less expenses. Subtract line 18 from line 12..... 5,059 393,655 or Beginning of Current Year End of Year 1,269,410. 20 Total assets (Part X, line 16) 1,753,849. 361,105 21 451,889. 908,305. 1,301,960. 22 Net assets or fund balances. Subtract line 21 from line 20, . 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 Signature of officer Here JANET SZLYK, PRESIDENT & CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid 7/13/2020 BRIDGET T ROCHE self-employed P00666837 Preparer GRANT THORNTON LLP Firm's EIN ▶ 36-6055558 Use Only 171 N. CLARK ST, SUITE 200 CHICAGO, 312-856-0200 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-1709

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

Automati	c 6-Month Extension of Time. Only subm	it original	(no copies needed).						
All corpora	tions required to file an income tax return othe	er than For	m 990-T (including 1120	O-C filers), partnerships	, RE	MICs, a	nd trusts		
must use F	Form 7004 to request an extension of time to f	ile income	tax returns.						
				Enter filer's identifyir					
Type or	Name of exempt organization or other filer, see in	istructions.		Employer identification no	umbe	er (EIN) o	or		
print	GUICAGO I IGUEUQUEE INDUCEDIES			47 E66E04	5042				
File by the	CHICAGO LIGHTHOUSE INDUSTRIES Number, street, and room or suite no. If a P.O. bo	v soo instru	otions	47-566504					
due date for	1850 W. ROOSEVELT ROAD	ix, see ilistrui	Stioris.	Social security number (S	SN)				
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress see instructions						
instructions.	CHICAGO, IL 60608	a roroigir aa	arcos, see mondenons.						
	•	!- (: (f)		h t			0 1		
Enter the F	Return Code for the return that this application	is for (file	a separate application to	or each return)	• •		. [] [
Application	n	Return	Application				Return		
Is For		Code	Is For				Code		
	or Form 990-EZ	01	Form 990-T (corporat	ion)			07		
Form 990-I		02	Form 1041-A	,			08		
Form 4720) (individual)	03	Form 4720 (other tha	n individual)			09		
Form 990-F		04	Form 5227	,			10		
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	T (trust other than above)	06	Form 8870				12		
	MARY LYNNE JANU	SZEWSKI							
• The boo	ks are in the care of ▶ 1850 W. ROOSEVE	LT ROAD	CHICAGO IL 6060	8					
	ne No. ▶ 312 997-3664		Fax No. ▶ <u>312 997</u>						
	ganization does not have an office or place of						▶ 🔲		
If this is	for a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GEN)		$_{-}$. If th			
	ole group, check this box ▶ 📗 . I			his box ▶ [and att	ach		
	he names and EINs of all members the extens								
-	uest an automatic 6-month extension of time u			to file the exemp	t org	janizati	on return		
for th	e organization named above. The extension is	for the org	ganization's return for:						
	7								
V	calendar year 20 or tax year beginning 07/0	1 00 1	0	06/20	00	1.0			
ightharpoonup X	tax year beginning 07/0	<u>) 1 , 20 18</u>	s, and ending	06/30,	20_	19			
2 If the	tay year entered in line 1 in for lose than 12 m	antha aha	ok roopen: Initial re	oturn	_				
	tax year entered in line 1 is for less than 12 m Change in accounting period	ionins, ched	ck reason miliar re	eturn Final retur	П				
	s application is for Forms 990-BL, 990-PF, 9	90-T 4720	or 6069 enter the	tentative tax less any					
	fundable credits. See instructions.	50 1, 4720	o, or ooos, enter the	teritative tax, less arry	3a	e e	0.		
	s application is for Forms 990-PF, 990-T,	4720 o	r 6069 enter any re	fundable credits and	_	Ψ			
	ated tax payments made. Include any prior year				3b	\$	0.		
	nce due. Subtract line 3b from line 3a. Include					7			
	tronic Federal Tax Payment System). See instru		,	. , , , , ,	3с	\$	0.		
	ou are going to make an electronic funds withdrawa		it) with this Form 8868, se	e Form 8453-EO and Form	•				
instructions.		•	,	-					
For Brivacy	Act and Panerwork Reduction Act Notice see inst	ruetions			Forr	. 2262	(Pay 1-2010)		

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_	11 330 (2010)
P	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHICAGO LIGHTHOUSE INDUSTRIES IS ORGANIZED TO CREATE OPPORTUNITIES
	FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, SPECIFICALLY THROUGH
	PROVIDING EMPLOYMENT POSSIBILITIES, WHICH WILL FOSTER INDEPENDENCE.
_	
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 X 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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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.
	the total expenses, and revenue, if any, for each program service reported.
4-	(Code:) (Expenses \$ 909,644. including grants of \$) (Revenue \$ 615,734.)
4a	(Code:) (Expenses \$909,644. including grants of \$) (Revenue \$615,734.) THE CHICAGO LIGHTHOUSE INDUSTRIES MANUFACTURING PROGRAM PROVIDES
	REHABILITATION, TRAINING AND EMPLOYMENT FOR PEOPLE WHO ARE BLIND
	OR VISUALLY IMPAIRED. WORKERS ARE EMPLOYED AT VARIOUS PACKAGING
	AND ASSEMBLY JOBS, IN THE MANUFACTURE OF BOTH PLANNERS AND CLOCKS
	FOR THE FEDERAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE
	WORKERS ASSEMBLE AND PACKAGE FOOTRESTS, BACKRESTS AND MONITOR
	ARMS, AND PACKAGE COOKING THERMOMETERS FOR THE FEDERAL MARKET, AS WELL. DURING FY19, 40 PEOPLE WITH VISUAL AND OTHER DISABILITIES
	WERE PROVIDED EMPLOYMENT.
	WERE PROVIDED EMPLOYMENT.
	(Code:) (Expenses \$ 777,213. including grants of \$) (Revenue \$ 1,008,550.)
40	CONTRACT MANAGEMENT SERVICES (CMS) PROGRAM OPERATES IN ROCK
	ISLAND, ILLINOIS AND GLENVIEW, ILLINOIS. CHICAGO LIGHTHOUSE
	INDUSTRIES OPERATES AS A SUB-CONTRACTOR FOR NATIONAL INDUSTRIES
	FOR THE BLIND, EMPLOYING TRAINED CONTRACT CLOSEOUT SPECIALISTS FOR
	THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY,
	THROUGH THE CLOSEOUT PROCESS. DURING FY19, 13 PEOPLE WITH VISUAL
	AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN
	THIS PROGRAM.
	INIS PROGRAM.
40	(Code:) (Expenses \$ 525,366. including grants of \$) (Revenue \$ 671,568.)
40	(Code:) (Expenses \$525,366. including grants of \$) (Revenue \$671,568) FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED
	PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE
	INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND
	HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE
	LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE
	INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE
	EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN
	JANITORIAL, WAREHOUSING AND MAILROOM ACTIVITIES, FULFILLING THE
	REQUIREMENTS OF THREE FEDERAL GOVERNMENT SERVICE CONTRACTS.
	DURING FY19, 11 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS.
	PROVIDED EMPLOIMENT UNDER THESE CONTRACTS.
4 -1	Other program convices (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.)
<u></u>	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶ 2,212,223.

4e Total program service expenses ► 2,212,223.

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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," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 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 Χ 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 Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ĺ
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	20a		
D		28b		Х
_	Schedule L, Part IV	260		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			Х
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.5
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			ĺ
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 73 Statements, filed for the calendar year ending with or within the year covered by this return. Χ 2b 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)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **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). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 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 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g 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?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

Sect	ion 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	9		
	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	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with	ı		
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur	nder the direc			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to el			37	
	one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval				X
	stockholders, or persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during	9		
	the year by the following:		80	X	
а	The governing body?		8a 8b	X	-
b	Each committee with authority to act on behalf of the governing body?				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	be reached a	t 9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			(د	
	on Director (Time Cooling Brognoste amornialist about pointies net required by the line	,,,,a,,,,a,,,	0 0040	Yes	No
102	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt per		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	mig the form. I			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests to		,		
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,	"		
	describe in Schedule O how this was done	=	12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review ar	nd approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	•		
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangemen			77
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		1		
Soct	on C. Disclosure		16b		Ь
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ IL, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),	000 and 000	T (Sac	tion 5	:01(a)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap	ออบ, สกน 990 ply.	-1 (380	ל ווטוו	iu i (C)
	X Own website Another's website X Upon request Other (explain in Sch				
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of i	nterest	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 by Mary Lynne Januszewski 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608 312-997-3664	oooks and reco	rds ▶		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

L	Check this box if	neither the	organization no	r any relate	d organization	compensated ar	ny current officer,	director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	box,	not ch unless er and	s pe	ition more rson irect	e than cois both cor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	1 14 to	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)JANET SZLYK, PHD	8.00									
PRESIDENT & CEO	32.00	Х		х				0.	339,372.	11,525.
(2)MICHAEL MEEHAN	2.00									
CHAIRMAN	1.00	Х		Х				0.	0.	0.
(3)TED WECKER	1.00									
VICE CHAIRMAN (BEG 11/18)	0.	Х		Х				0.	0.	0.
(4)THEODORE MAZOLA	1.00									
SECRETARY/TREASURER	0.	Х		Х				0.	0.	0.
(5)DONALD BELGRAD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6)PETER MILLER	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)ROBERT PASCAL	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)GARY RICH	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(9)JACK STONEBRAKER	0.									
DIRECTOR (THRU 10/18)	0.	Х						0.	0.	0.
(10)THOMAS POWERS	1.00									
DIRECTOR (BEG 01/19)	0.	X						0.	0.	0.
(11)MARY LYNNE JANUSZEWSKI	8.00									
EVP & CFO	32.00			Х				0.	210,557.	34,089.
(12)PAMELA TULLY	8.00									
EVP & COO	32.00			Х				0.	175,646.	3,312.
(13)HEIDI ASHWELL	40.00									
DIRECTOR OF OPERATIONS	0.					Х		118,344.	0.	6,883.
(14)ELLIOTT BOSTON	40.00									
DIRECTOR OF CMS OPERATIONS	0.					X		114,525.	0.	15,725.

JSA.

	rt VII Section A. Officers, Directors, Tru	istees Ke	v Fn	nlo	.Ve	26	and F	lial	hest Compensat	ed Emplo	Vees (c	continue	Page o
ı	(A)	(B)	y – 11	ipic		C)	<u> </u>	iigi	(D)	(E)			(/ (F)
	Name and title	Average			Pos				Reportable	Report			mated
		hours per	,		heck	more than one			compensation	compensation from			ount of
		week (list any	1				is both		from	relate			her
		hours for related					or/trust		the	organiza			ensation n the
		organizations	di Xi	stitu	Officer	эу е	ighe nplc	Former	organization (W-2/1099-MISC)	(W-2/1099	1-IVIISC)		nization
		below dotted	director	tior	"	mpl	st c	4	(11 2/1000 111100)				related
		line)	Individual trustee or director	Institutional trust		Key employee	duc					organ	izations
			tee	uste			ens						
				ď			Highest compensated employee						
1b	Sub-total							\blacktriangleright	232,869.	725	,575.	7	1,534.
	Total from continuation sheets to Part VII, Se							\blacktriangleright	0.		0.		0.
d	Total (add lines 1b and 1c)							>	232,869.	725	,575.	7	1,534.
2	Total number of individuals (including but not I				d al	bove	e) who	o re	eceived more than	\$100,000	of		
	reportable compensation from the organization	<u> </u>	2	2									
												,	Yes No
3	Did the organization list any former office												
	employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	livid	ual							3	X
4	For any individual listed on line 1a, is the s	sum of rep	ortab	ole d	com	pen	satior	n ai	nd other compens	sation from	the		
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such												
	individual											4	Х
5	Did any person listed on line 1a receive or												
_	for services rendered to the organization? If "Ye	es," comple	te Scl	nedu	ıle J	l for	such	per	son			5	X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest components compensation from the organization. Report compensation from the organization.												
	year.												
	(Δ)								(B)			(C)	

(A)
Name and business address (B)
Description of services (C) Compensation ATTACHMENT 1

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an	y line in this Part VII	l		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Srar	b	Membership dues 1b					
ts, (С	Fundraising events 1c					
ia gi	d	Related organizations 1d	332,854.				
ns, Sim	е	Government grants (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	237.				
on t	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f	<u> </u>	333,091.			
Jue			Business Code				
š	2a	CONTRACT MANAGEMENT SERV	561300	1,008,550.	1,008,550.		
8	b	GOVT SERVICE CONTRACTS	561300	671,568.	671,568.		
<u> </u>	C	LIGHTHOUSE INDUSTRIES	310000	34,988.	34,988.		
Ser	d						
Program Service Revenue	e						
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		1,715,106.	<u> </u>		·
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)		120.			120.
	4	Income from investment of tax-exempt bond	. [0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
	"	and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		0.			
_	8a	Gross income from fundraising					
an u	Ou	events (not including \$					
Revenue		of contributions reported on line 1c).					
يد		See Part IV, line 18 a	0.				
Other	b	Less: direct expenses b					
0	C	Net income or (loss) from fundraising events		0.			
		Gross income from gaming activities.					
	Ja	See Part IV, line 19	0.				
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	3,723,490.				
	b	Less: cost of goods sold b	2 145 064				
	C	Net income or (loss) from sales of inventory		575,526.	575,526.		
		Miscellaneous Revenue	Business Code				
	11a	AWARD INCURRED IN BLIND HRS	900099	5,220.	5,220.		
	b	MISCELLANEOUS REVENUE	900099	836.			836.
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		6,056.			
	12	Total revenue. See instructions.		2,629,899.	2,295,852.		956.

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	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic	0			
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0.			
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)	1,426,939.	1,426,939.		
	Other salaries and wages	1,420,939.	1,420,939.		
8	Pension plan accruals and contributions (include	7,717.	7,717.		
	section 401(k) and 403(b) employer contributions)	38,234.	38,234.		
	Other employee benefits	117,067.	117,067.		
10	Payroll taxes	11/,00/.	11/,00/.		
	Fees for services (non-employees):	0.			
	Management	1,000.		1,000.	
	Legal	10,574.		10,574.	
	Accounting	0.		10,374.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	184,642.	184,642.		
	(A) amount, list line 11g expenses on Schedule O.)	43,342.	43,342.		
	Advertising and promotion	142,104.	134,716.	7,388.	
	Office expenses	915.	915.	7,300.	
	Information technology	0.	713.		
15	Royalties	817.	817.		
	Occupancy	23,386.	23,386.		
	Travel	2373001	2373001		
ıØ	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.			
	Depreciation, depletion, and amortization	0.			
	Insurance	5,533.	1,374.	4,159.	
	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.)				
а	COMMISSIONS & REBATES	230,032.	230,032.		
b	RECREATION & PROGRAM EVENTS	2,053.	2,053.		
С	PRINTING AND PUBLICATIONS	956.	956.		
d	MEMBERSHIPS	600.		600.	
е	All other expenses	333.	33.	300.	
25	Total functional expenses. Add lines 1 through 24e	2,236,244.	2,212,223.	24,021.	
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 if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

	ILA	Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		
-		Check ii Concadie O contains a response o	11016	o arry mile in this Fe	(A)	· · ·	(B)
					Beginning of year		End of year
_	1	Cash - non-interest-bearing			196,730.	1	141,732.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net			0.	3	0.
	4	Accounts receivable, net			529,547.	4	709,470.
	5	Loans and other receivables from current and f	orme	r officers, directors.			
		trustees, key employees, and highest co					
			-		0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified person					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volume					
		organizations (see instructions). Complete Part II of Sche	dule L	simployees beneficiary	0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
1 SS	8	Inventories for sale or use			484,752.	8	807,399.
•	9	Prepaid expenses and deferred charges			3,439.	9	5,049.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	44,188.	54,942.	10c	90,199.
	11				0.	11	0.
	12	Investments - other securities. See Part IV, line 11			0.		0.
	13	Investments - program-related. See Part IV, line 11			0.	13	0.
	14	Intangible assets			0.	17	0.
	15	Other assets. See Part IV, line 11			0.		0.
_	16	Total assets. Add lines 1 through 15 (must equal			1,269,410.	16	1,753,849.
	17	Accounts payable and accrued expenses			360,298.	17	445,303.
	18	Grants payable			0.		0.
	19	Deferred revenue			0.		0.
	20	Tax-exempt bond liabilities			0.		0.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
Liabilities	22	Loans and other payables to current and fo					
ig H		trustees, key employees, highest compens			0.		0.
<u>=</u>		disqualified persons. Complete Part II of Schedule			0.		0.
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated to			0.		0.
	25	Other liabilities (including federal income tax, p			0.	24	<u> </u>
	23	parties, and other liabilities not included on lines	-				
		of Schedule D		,	807.	25	6,586.
	26	Total liabilities. Add lines 17 through 25			361,105.	26	451,889.
		Organizations that follow SFAS 117 (ASC 958),			·		
es		complete lines 27 through 29, and lines 33 and		und			
anc	27	Unrestricted net assets			908,305.	27	1,301,960.
3al	28	Temporarily restricted net assets			0.	28	0.
٦٩	29	Permanently restricted net assets			0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	chec	k here 🕨 🗌 and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equi	ipmen			31	
Ă	32	Retained earnings, endowment, accumulated inco	me, o	or other funds		32	
Net	33	Total net assets or fund balances			908,305.	33	1,301,960.
	34	Total liabilities and net assets/fund balances		<u> </u>	1,269,410.	34	1,753,849.
_		Total liabilities and net assets/fund balances	 				

Form **990** (2018)

Part	XI Reconciliation of Net Assets					<u> </u>
I ait	Check 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		2.6	29,8	399.
		2			36,2	
2	Total expenses (must equal Part IX, column (A), line 25)	3			93,6	
3	Revenue less expenses. Subtract line 2 from line 1	4			08,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-			00,	0.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		1,3	01,9	960.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audi		-			
	separate basis, consolidated basis, or both:	ieu o	11 a			
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for			2c	Х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc		*****	20	21	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth				v
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		
			ı	Form	990	(2018)

8E1054 1.000 7201LB 649R

SCHEDULE A (Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHICAGO LIGHTHOUSE INDUSTRIES Employer identification number 47-5665042

Рa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	•			•	,,,,,,,	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·				
8		A community trust describe	-		-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10	X	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11	Щ	An organization organized		•	•			
12		An organization organized	•	•				
		of one or more publicly su						, , , ,
		Check the box in lines 12a t	=				•	_
а	L	Type I. A supporting orga	•		,		• • • • • • • • • • • • • • • • • • • •	,, , , , ,
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					
b	L	Type II. A supporting org	•					
		control or management of		=	tne sam	ie persor	is that control or man	age the supported
		organization(s). You must	•		! !			lee independent of exists
С	L	Type III functionally integ	- : :					iy integrated with,
		its supported organization	. , .	•				tad arganization(a)
d	_	Type III non-functionally that is not functionally interest.			-			
		requirement (see instruct	•	•	-		•	an allenliveness
е		Check this box if the orga	•	-				I Type III
C	_	functionally integrated, or						i, Type iii
f	En	ter the number of supported	• •		porting	organizat		
a		ovide the following information	-					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	,	our governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	mstructions)
/A\								
(A) ——								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		T	T		T	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. 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. (s					12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp	oort Percenta	ge			T T	
14	Public support percentage for 2018 (lin	•	•				%
15	Public support percentage from 2017						<u>%</u>
16a	331/3% support test - 2018. If the org						
	box and stop here. The organization qu	-		_			
b	331/3% support test - 2017. If the org						
170	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets the					-	•
	organization			=	-		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organ		=				
	Explain in Part VI how the organization						-
	supported organization				_	-	
18	Private foundation. If the organization						
	instructions						
						 	<u> </u>

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0.	40,000.	1,150,273.	785.	333,091.	1,524,149.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose			4,833,885.	5,051,204.	5,438,596.	15,323,685.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0.
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		40,000.	5,984,158.	5,051,989.	5,771,687.	16,847,834.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			1,150,273.		332,854.	1,483,127.
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			3,669,339.	3,741,579.	4,093,553.	11,504,471.
С	Add lines 7a and 7b			4,819,612.	3,741,579.	4,426,407.	12,987,598.
8	Public support. (Subtract line 7c from						
	line 6.)						3,860,236.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		40,000.	5,984,158.	5,051,989.	5,771,687.	16,847,834.
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources				35.	120.	155.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b				35.	120.	155.
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.) ATCH 1			36.	5,224.	837.	6,097.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		40,000.	5,984,194.	5,057,248.	5,772,644.	16,854,086.
14	First five years. If the Form 990 is for	or the organizat		d, third, fourth.			
	organization, check this box and stop here	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			nn (f))		. 15	%
16	Public support percentage from 2017 Sche	dule A, Part III, lin	e 15			16	%
Sec	tion D. Computation of Investment					1	
17	Investment income percentage for 2018 (lir			3, column (f))		17	%
18	Investment income percentage from 2017 S	,				18	%
	331/3% support tests - 2018. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2017. If the orga	<u>-</u>	-	•			
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization			•			

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Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

(b) and (c) below.

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported

- organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) as satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Year answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E 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 actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled enti with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
ng <i>by</i>			
	1		
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	2		
er/	3a		
nd <i>he</i>			
	3b		
B)			
	3с		
If	4a		
gn <i>on</i>			
	4b		
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s," IN on;			
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Schedule A (F

Schedule A (Form 990 or 990-EZ) 2018 Page **5**

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 25% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or a provide detail in Part VI	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	110		
00011	on B. Type reapporting organizations		Yes	No
	Did the direction to the control of		. 00	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.	2		
Secti	on C. Type II Supporting Organizations		2.4	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
	<u> </u>		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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ione)	
a	The organization satisfied the Activities Test. Complete line 2 below.	ou ucu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
_			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Adjusted Net Income		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).	-		,

Schedule A (Form 990 or 990-EZ) 2018

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Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
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 resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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

Schedule A (Form 990 or 990-EZ) 2018

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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.)

, ,				`	,	
				AT	FACHMENT 1	
SCHEDULE A, PART III - OTHER INCOME						
DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS REVENUE			36.	5,224.	837.	6,097.
TOTALS			36.	5,224.	837.	6,097.

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Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

Employer identification number

CHICAGO LIGHTHOUSE	CHICAGO LIGHTHOUSE INDUSTRIES						
rganization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a prival	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation							
Chack if your organization i	is covered by the General Rule or a Special Rule .						
)(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule See					
instructions.	((7), (0), or (10) organization can check boxes for both the General Nule	and a opecial Nuie. Gee					
General Rule							
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, o	contributions totaling \$5,000					
i oi an oiganizati	ey or property) from any one contributor. Complete Parts I and II. See in	-					
Special Rules							
For an organization	on described in section 501(c)(3) filing Form 990 or 990-EZ that met tl	he 33 1/3% support test of the					
-	r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (For and that received from any one contributor, during the year, total contr	· · · · · · · · · · · · · · · · · · ·					
	6 of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ,						
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E	Z that received from any one					
	ng the year, total contributions of more than \$1,000 exclusively for religitional purposes, or for the prevention of cruelty to children or animals.						
	b) instead of the contributor name and address), II, and III.	Complete Parts I (entering					
For an organization	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E	Z that received from any one					
	g the year, contributions exclusively for religious, charitable, etc., purpo						
	alled more than \$1,000. If this box is checked, enter here the total control or an exclusively religious, charitable, etc., purpose. Don't complete any						
General Rule app	olies to this organization because it received nonexclusively religious, ch	aritable, etc., contributions					
totaling \$5,000 o	r more during the year	 ▶\$					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization CHICAGO LIGHTHOUSE INDUSTRIES

Employer identification number 47-5665042

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization CHICAGO LIGHTHOUSE INDUSTRIES

Employer identification number 47-5665042

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pcity	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization CHICAGO LIGHTHOUSE INDUSTRIES **Employer identification number** 47-5665042 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

7201LB 649R

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Assets included in Form 990, Part X......

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2018

▶ \$

Schedule D (Form 990) 2018 Page 2

Pa	rt III Organizations Maintaini	ng Collec	tions of	Art, Histo	rical Tre	asures,	or Other	Similar Assets	(contin	ued)	
3	Using the organization's acquisition	n, access	ion, and o	other recor	ds, check	c any of	the follow	ing that are a s	ignifican	t use	of its
	collection items (check all that app	ly):			_						
а	Public exhibition			d	Loan	or exchar	nge progra	ms			
b	Scholarly research			е	Other						
С	Preservation for future gene	rations									
4	Provide a description of the organ	nization's d	collections	and expla	ain how t	hey furth	ner the or	ganization's exen	npt purp	ose in	Part
	XIII.										
5	During the year, did the organization	n solicit o	r receive o	donations o	of art, histo	orical tre	asures, or	other similar			_
	assets to be sold to raise funds rath	er than to	be mainta	ained as pa	art of the o	organizat	ion's colle	ction?	Ye	es	No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	ition answ	vered "Ye						unt on	Form	
1 a	Is the organization an agent, truste										_
	included on Form 990, Part X?								Ye	s	No
b	If "Yes," explain the arrangement i	n Part XIII	and comp	plete the fo	llowing tab	ole:					
								Amou	nt		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an am							•	Ye		No
	If "Yes," explain the arrangement i	n Part XIII.	Check h	ere if the e	xplanation	has bee	n provided	on Part XIII			
Pa	rt V Endowment Funds.		1.113.7			S (D / 1	40				
	Complete if the organiza							T	1		
		(a) Curre	ent year	(b) Pric	or year	(c) Iwo	years back	(d) Three years back	(e) F	our years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage				e (line 1g,	column (a)) held as	:			
a	Board designated or quasi-endown			_%							
	Permanent endowment	%	0/								
С	Temporarily restricted endowment		%	4000/							
2.	The percentages on lines 2a, 2b, and Are there endowment funds not in		-		stion that	oro bald	and admi	sistored for the			
зa		the posses	SSION OF IT	ne organiza	ation that	are neid	and admir	ilstered for the		Yes	No
	organization by:								3a(_	110
	(i) unrelated organizations (ii) related organizations								3a(i	-	
b	If "Yes" on line 3a(ii), are the relate								3b	-	
4	Describe in Part XIII the intended u	•		•					. 55		
_	rt VI Land, Buildings, and Equ		Urgariiza	illori s erido	willelit lui	ius.					
_ a	Complete if the organize	ation ansv	wered "Y	es" on Fo	rm 990, I	Part IV, I	ine 11a. S	See Form 990, I	Part X,	line 10)
	Description of property			other basis tment)		or other bas ther)		cumulated eciation	(d) Book	value	
	Land		(111103		0,		цері				
b	Buildings										
c	Leasehold improvements	_									
d	Equipment.				1	14,417	7.	39,776.		74,	641.
e	Other	_				19,970		4,412.			558.
Tota	I. Add lines 1a through 1e. (Column		equal Forn	n 990, Part	X, columi						199.

Schedule D (1 990) 2018	Page 3

Cenedule B (Ferri 330) 2010			1 age
Part VII Investments - Other Securities. Complete if the organization answered	"Vos" on Form 000	Part IV line 11h See Form 990	Part V line 12
(a) Description of security or category	(b) Book value	(c) Method of valua	
(including name of security)	. ,	Cost or end-of-year mark	
(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 valua	
		Cost or end-of-year mark	ket 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.
	scription		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X Other Liabilities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See Foi	m 990, Part X,
line 25.			
1. (a) Description of liability	(b) Book valu	le	
(1) Federal income taxes	_		
(2) DUE TO CHICAGO LIGHTHOUSE	6,	586.	
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(7)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 6,!	586.	
	•	•	

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 JSA 8E1270 1.000 7201LB 649R

Schedule D (Form 990) 2018 Page **4**

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	6,742,972.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	4,113,073.
	•	3	2,629,899.
3	Subtract line 2e from line 1		, ,
4			
	investment expenses not included on Form 556, Fart Vin, inc 75		
	Citier (Describe iii i ait Aiii.)	4c	
С 5	Add lines 4a and 4b	5	2,629,899.
Part		_	
T art	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	6,349,317.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	4,113,073.
3	Subtract line 2e from line 1	3	2,236,244.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,236,244.
	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 8E1271 1.000 Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

CHICAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTER FROM
THE INTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FEDERAL
INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING TO
UNRELATED BUSINESS INCOME. THE FASB ISSUED GUIDANCE THAT REQUIRES TAX
EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CONSOLIDATED
FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE
SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.

MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN POSITIONS

THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS.

ADDITIONALLY, THERE ARE NO INTEREST OR PENALTIES RECOGNIZED IN THE

CONSOLIDATED STATEMENTS OF ACTIVITIES OR CONSOLIDATED STATEMENTS OF

FINANCIAL POSITION. CHICAGO LIGHTHOUSE INDUSTRIES DOES NOT HAVE UNRELATED

BUSINESS INCOME, AND NO PROVISION IS NECESSARY.

SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE PER AUDITED FINANCIAL STATEMENTS

COST OF GOODS SOLD.....\$3,147,964

SCHEDULE D, PART XII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED FINANCIAL STATEMENTS

COST OF GOODS SOLD.....\$3,147,964

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation InformationFor 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHICAGO LIGHTHOUSE INDUSTRIES

Employer identification number 47-5665042

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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			7.7
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
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			v
•	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	1\5quiationo oscitoti JJ.43J0-0(t/):			1

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JANET SZLYK, PHD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	304,411.	15,000.	19,961.	4,537.	6,988.	350,897.	0.
MARY LYNNE JANUSZEWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
2EVP & CFO	(ii)	192,737.	10,000.	7,820.	3,593.	30,496.	244,646.	0.
PAMELA TULLY	(i)	0.	0.	0.	0.	0.	0.	0.
3EVP & COO	(ii)	164,890.	5,000.	5,756.	2,803.	509.	178,958.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018 Page 3

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 3

ESTABLISH COMPENSATION

CHICAGO LIGHTHOUSE INDUSTRIES' EMPLOYEES ARE COMPENSATED BY A RELATED

ORGANIZATION. THE RELATED ORGANIZATION USED THE FOLLOWING TO ESTABLISH

COMPENSATION FOR ALL EMPLOYEES: A COMPENSATION COMMITTEE, FORM 990 OF

OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE

BOARD AND COMPENSATION COMMITTEE.

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2018

Open to Public Inspection

47-5665042

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

FORM 990, PART VI, LINE 6

CHICAGO LIGHTHOUSE INDUSTRIES

ORGANIZATION'S MEMBERS OR STOCKHOLDERS

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, AN IRC 501(C)(3) ENTITY, IS THE SOLE MEMBER OF CHICAGO LIGHTHOUSE INDUSTRIES.

FORM 990, PART VI, LINE 7A

MEMBERS WITH POWER TO ELECT GOVERNING BODY

THE BOARD SHALL BE COMPOSED OF TEN (10) DIRECTORS ELECTED BY THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, THE SOLE MEMBER OF THE CORPORATION.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

THE 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. THE BOARD REVIEWED THE MISSION STATEMENT, THE PROGRAM ACTIVITIES, REPORT OF COMPENSATION AND THE PRESENTATION OF FINANCIAL INFORMATION FOR THE YEAR, ALL IN LIGHT OF THE TAX EXEMPT STATUS OF THE ORGANIZATION. UPON COMPLETION OF THEIR REVIEW, THE 990 WAS FILED.

FORM 990, PART VI, LINE 12C

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY, DIRECTORS AND OFFICERS SIGN A CONFLICT OF INTEREST FORM AND

CHICAGO LIGHTHOUSE INDUSTRIES

NECESSARY, THE ISSUE IS BROUGHT TO A BOARD MEETING.

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 CHICAGO LIGHTHOUSE INDUSTRIES EMBARKS UPON VARIOUS BUSINESS TRANSACTIONS, IF THERE APPEARS TO BE A POTENTIAL CONFLICT WITH A SPECIFIC POTENTIAL TRANSACTION, CHICAGO LIGHTHOUSE INDUSTRIES GOES THROUGH THE SAME PROCESS AS IS DONE WITH THE BOARD MEMBERS' ANNUAL DECLARATIONS - REVIEW, FOLLOWED BY DISCUSSION WITH THE EXECUTIVE COMMITTEE, AND, IF

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

COMPENSATION REVIEW AND APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEES

OFFICERS AND KEY EMPLOYEES ARE PAID BY THE CHICAGO LIGHTHOUSE FOR PEOPLE

WHO ARE BLIND OR VISUALLY IMPAIRED, AND SALARY IS DETERMINED BY THAT

ORGANIZATION. THIS IS THE PROCESS THAT IS FOLLOWED BY THE ORGANIZATION.

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

Employer identification number

47-5665042

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 EXECUTIVE COMMITTEE, THE ADMINISTRATIVE SERVICES COMMITTEE AND/OR THE FINANCE COMMITTEE OF THE BOARD.

FORM 990, PART VI, LINE 18

FORM 990 AND 990T PUBLICLY AVAILABLE

THE ORGANIZATION POSTS ITS FORM 990 ON THE WEBSITE IT SHARES WITH THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED.

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 FORMS 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.

8E1228 1.000 7201LB 649R PAGE 35 Name of the organization

CHICAGO LIGHTHOUSE INDUSTRIES

Employer identification number

47-5665042

ATTACHMENT 1

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

JENNIFER RUTH/FUTURE VISION CONSULTANTS PROD/PRICE CONSULT. 510 LYON AVENUE
WHEATON, IL 60187

133,300.

SCHEDULE R (Form 990)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

Inspection Employer identification number

OMB No. 1545-0047

CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042

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

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II 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	Section 5 contr	512(b)(13) rolled
						Yes	No
(1) THE CHICAGO LIGHTHOUSE FOR PEOPLE 36-2169139							
1850 W. ROOSEVELT ROAD CHICAGO, IL 60608	EMP FOR BLIND	IL	501(C)(3)	10	N/A		X
(2)							
							l
(3)							
							İ
(4)							
							İ
(5)							
							l
(6)							
							İ
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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Yes No

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
	25a. 6 6. 16a. gas. a. 1666 by 16a. 16a. 6. gas. 25a. 16a. 16a. 16a. 16a. 16a. 16a. 16a. 16			
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s).	1h		X
	Exchange of assets with related organization(s).	1i		X
:	Lease of facilities, equipment, or other assets to related organization(s).	1j		X
J	Lease of facilities, equipment, of other assets to related organization(s)	٠,		
1.	Logge of facilities, agreement, or other appets from related argonization/o	1k		Х
K	Lease of facilities, equipment, or other assets from related organization(s)	11		X
	Performance of services or membership or fundraising solicitations for related organization(s)	1m	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
0	Sharing of paid employees with related organization(s)	10	Λ	
		4	Х	
	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	Λ	
			77	
	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s).	1s		
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 three		S.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d) of det	erminir	ıa
		unt inv		.5
(4)				
(1)				
رم،				
(2)				
(3)				
(4)				
(5)				
(6)				
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501	tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
		sections 512-514)					Yes	No		Yes	No	
	(b) Primary activity	(state or foreign	(state or foreign income (related, unrelated, excluded from tax under	(state or foreign income (related, secontry) unrelated, excluded 5010 from tax under organiz	(state or foreign country) income (related, unrelated, excluded from tax under organizations?	(state or foreign country) income (related, section total income from tax under solution) organizations?	(state or foreign country) income (related, unrelated, excluded from tax under organizations? income end-of-year assets	(state or foreign country) income (related, unrelated, excluded from tax under organizations?	(state or foreign country) income (related, unrelated, excluded from tax under organizations?	(state or foreign country) income (related, unrelated, excluded from tax under under country) income (related, excluded from tax under country) income (related, excluded from tax under country) income (related, excluded from total income end-of-year assets allocations? assets income end-of-year asset end-of-year asset end-of-year asset end-of-year asset end-of-year asset end-of-year asset end-of-year asset end-of-year asset end-of-year end-of-yea	(state or foreign country) income (related, unrelated, excluded from tax under organizations? (state or foreign country) income (related, excluded from tax under organizations?) (state or foreign income (related, excluded form total income end-of-year assets allocations? amount in box 20 of Schedule K-1 part (Form 1065)	(state or foreign country) income (related, unrelated, excluded from tax under country) (state or foreign country) (state or foreign country) (state or foreign country) (unrelated, excluded from tax under constant income country) (state or foreign country) (state

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

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