

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

Form 990 for the
Year Ended June 30, 2014

Public Disclosure Copy

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number (EIN) or 36-2169139
	Number, street, and room or suite no. If a P.O. box, see instructions. 1850 W. ROOSEVELT ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60608	
	Enter filer's identifying number, see instructions	

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

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

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

• The books are in the care of MARY LYNNE JANUSZEWSKI, 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608
Telephone No. 312 997-3664 Fax No. 312 997-3650

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____ 05/15, 20 15 .

5 For calendar year _____, or other tax year beginning _____ 07/01, 20 13, and ending _____ 06/30, 20 14 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

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

Signature and Verification must be completed for Part II only.

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

Signature Bridget T Roche Title Manager Date 2/15/2015

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

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

Part I only

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ **MARY LYNNE JANUSZEWSKI, 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608**

Telephone No. ▶ **312 997-3664** FAX No. ▶ **312 997-3650**

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning 07/01, 2013, and ending 06/30, 2014

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

Change in accounting period

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,275,152. including grants of \$) (Revenue \$ 12,470,049.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 2,373,656. including grants of \$) (Revenue \$ 3,458.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 2,156,088. including grants of \$) (Revenue \$ 1,080,617.)

ATTACHMENT 4

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

(Expenses \$ 7,403,349. including grants of \$ 45,035.) (Revenue \$ 4,768,465.)

4e Total program service expenses 23,208,245.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line number, description, and Yes/No boxes. Includes lines 1a through 14b with various tax-related questions and numerical inputs.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 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 be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL, IN,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARY LYDNE JANUSZEWSKI 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608 (312) 997-3664

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)BOYKIN, RICHARD DIRECTOR	1.00	X						0	0	0
(2)BRINT, DAVID DIRECTOR	1.00	X						0	0	0
(3)BROOKS-TULLY, PAMELA DIR TO 6/14	1.00	X						0	0	0
(4)BROWN, ANTHONY O. DIRECTOR FROM 11/13	1.00	X						0	0	0
(5)CARROLL, THOMAS DIR TO 9/13	1.00	X						0	0	0
(6)CHAPMAN, WARREN ASST. TREASURER TO 6/14	1.00	X		X				0	0	0
(7)CLARKE, ROBERT TREAS 06/14	1.00 0	X						0	0	0
(8)COHEN, ANIDA "COOKIE" DIRECTOR	1.00	X						0	0	0
(9)COLEMAN, JOHN SEC'Y FR 6/14	1.00 0	X		X				0	0	0
(10)CONAGHAN, WILLIAM PASTCHAIR TO 6/14	1.00	X		X				0	0	0
(11)DEUTSCH, THOMAS DIRECTOR	1.00 0	X						0	0	0
(12)DITKA, MIKE DIRECTOR	1.00	X						0	0	0
(13)FORSYTHE, SANDRA VICE CHAIR TO 6/14	1.00 0	X		X				0	0	0
(14)FOUDREE, BRUCE DIRECTOR	1.00 0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) HAGUE, BRUCE CHRTOPSTCHR 6/14	2.00	X		X				0	0	0
16) HOCHSTADT, KATI ASST SEC 6/14	1.00	X		X				0	0	0
17) HUBER, DAVID TREASURER TO 6/14	1.00	X		X				0	0	0
18) JENKINS, R. RAZZ DIRECTOR TO 06/19/2013		X						0	0	0
19) JENSEN, VAL DIRECTOR	1.00	X						0	0	0
20) KAPLAN, JOEL DIRECTOR	1.00	X						0	0	0
21) KESTELOOT, JAMES DIRECTOR	5.00	X					24,038.	0	0	0
22) KRAFF, MANUS DIRECTOR	1.00	X						0	0	0
23) LADER, MARVIN DIRECTOR	1.00	X						0	0	0
24) LIVINGSTON, TOM ASST. SECRETARY TO 6/14	1.00	X		X				0	0	0
25) MAZOLA, THEODORE DIRECTOR	1.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								648,727.	0	64,997.
d Total (add lines 1b and 1c)								648,727.	0	64,997.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **9**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) MCCASKEY, JUDY DIRECTOR	1.00	X					0	0	0	
27) MCNALLY, JACLYN DIR FROM 06/13	1.00	X					0	0	0	
28) MEEHAN, MIKE DIRECTOR	1.00	X					0	0	0	
29) MILLER, PETER DIRECTOR	1.00	X					0	0	0	
30) NATHAN, WALTER DIRECTOR	1.00	X					0	0	0	
31) PASCAL, ROBERT DIRECTOR	1.00	X					0	0	0	
32) PROCTOR, ROBERT DIR TO 6/14	1.00	X					0	0	0	
33) RICH, GARY VCHAIR FROM 6/14	1.00	X	X				0	0	0	
34) RINK, PAUL SEC'Y TO 6/14	1.00	X	X				0	0	0	
35) ROSENSTEIN, DAVID DIRECTOR	1.00	X					0	0	0	
36) ROURKE, ROBERT DIRECTOR	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) SAENZ, ARTURO ASSTTRS FROM 6/14	1.00	X		X				0	0	0
38) SCHER, PAUL DIRECTOR	1.00	X						0	0	0
39) SCHMIDT, TERRI DIR 11/13-03/14	1.00	X						0	0	0
40) SCHNADIG, RICHARD H. CHAIR FROM 6/14	1.00	X		X				0	0	0
41) STARKE, JULIE DIRECTOR	1.00	X						0	0	0
42) STONEBRAKER, JACK DIRECTOR	1.00	X						0	0	0
43) SZLYK, JANET PRESIDENT & CEO	40.00	X		X			241,455.	0	3,964.	
44) VILIM, DONALD DIRECTOR	1.00	X						0	0	0
45) XIE, WIE DIR TO 01/14	1.00	X						0	0	0
46) JANUSZEWSKI, MARY LYNN EXEC VP & CFO	40.00 0			X			135,094.	0	30,453.	
47) LONGO, TERENCE EXEC VP & COO	40.00 0			X			146,915.	0	3,924.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 165,003.					
	1b Membership dues	1b					
	1c Fundraising events	1c 424,948.					
	1d Related organizations	1d					
	1e Government grants (contributions)	1e 2,486,712.					
	1f All other contributions, gifts, grants, and similar amounts not included above	1f 5,629,697.					
	g Noncash contributions included in lines 1a-1f: \$	1,316,624.					
	h Total. Add lines 1a-1f		8,706,360.				
	Program Service Revenue	Business Code					
2a SERVICE CONTR/CALL CNTRS		624410	14,633,471.	14,633,471.			
b LOW VISION FEES & SALES		621990	1,192,324.	1,192,324.			
c FEES FROM GOV'T AGENCIES		624310	888,949.	888,949.			
d DEVELOPMENT CTR TUITION		611600	638,892.	638,892.			
e RESEARCH ACTIVITIES		541700	120,442.	120,442.			
f All other program service revenue			219,872.	219,872.			
g Total. Add lines 2a-2f			17,693,950.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		385,111.			385,111.	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		1,484.			1,484.	
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)		0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	5,125,283.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	4,406,984.				
		c Gain or (loss)	718,299.				
	d Net gain or (loss)		718,299.			718,299.	
	8a Gross income from fundraising events (not including \$ 424,948. of contributions reported on line 1c). See Part IV, line 18	a 152,310.					
	b Less: direct expenses	b 196,114.					
c Net income or (loss) from fundraising events		-43,804.			-43,804.		
9a Gross income from gaming activities. See Part IV, line 19	a 2,210.						
b Less: direct expenses	b 4,067.						
c Net income or (loss) from gaming activities		-1,857.			-1,857.		
10a Gross sales of inventory, less returns and allowances	a 4,235,645.						
b Less: cost of goods sold	b 3,667,006.						
c Net income or (loss) from sales of inventory		568,639.	568,639.				
Miscellaneous Revenue		Business Code					
11a CAFETERIA	722210	46,043.			46,043.		
b RADIO ADVERTISEMENTS	541800	4,995.		4,995.			
c							
d All other revenue	900099	68,955.			68,955.		
e Total. Add lines 11a-11d		119,993.					
12 Total revenue. See instructions		28,148,175.	16,252,589.	4,995.	1,174,251.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	45,035.	45,035.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	602,679.	54,512.	434,260.	113,907.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	83,913.	80,799.	3,114.	
7 Other salaries and wages	12,197,892.	10,467,218.	1,057,330.	673,344.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,433.	99,008.	10,046.	6,379.
9 Other employee benefits	1,001,656.	860,092.	86,572.	54,992.
10 Payroll taxes	1,319,973.	1,057,120.	174,041.	88,812.
11 Fees for services (non-employees):				
a Management	0			
b Legal	62,656.		62,656.	
c Accounting	80,063.		80,063.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	123,123.		123,123.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <u>ATCH 6</u>	5,352,519.	5,149,475.	140,740.	62,304.
12 Advertising and promotion	217,423.	213,308.	340.	3,775.
13 Office expenses	1,270,998.	1,035,534.	190,402.	45,062.
14 Information technology	371,408.	251,578.	99,130.	20,700.
15 Royalties	0			
16 Occupancy	401,279.	344,123.	49,809.	7,347.
17 Travel	144,813.	88,094.	43,985.	12,734.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	12,082.	4,685.	3,112.	4,285.
20 Interest	118,553.	45,029.	73,524.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	766,641.	579,838.	169,568.	17,235.
23 Insurance	163,273.	102,485.	60,304.	484.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>AMERICAN PRINTING HOUSE</u>	1,179,635.	1,173,645.	5,990.	
b <u>IMC MATERIALS & EQUIPMENT</u>	810,975.	810,975.		
c <u>COMMISSIONS & REBATES</u>	392,618.	392,618.		
d <u>CLIENT EQUIP & GRANT</u>	153,381.	153,381.		
e All other expenses	362,294.	199,693.	90,332.	72,269.
25 Total functional expenses. Add lines 1 through 24e	27,350,315.	23,208,245.	2,958,441.	1,183,629.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash - non-interest-bearing	282,311.	1	404,424.	
	2	Savings and temporary cash investments	0	2	0	
	3	Pledges and grants receivable, net	3,012,691.	3	2,471,693.	
	4	Accounts receivable, net	1,349,938.	4	3,854,436.	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0	
	7	Notes and loans receivable, net	0	7	0	
	8	Inventories for sale or use	936,709.	8	989,919.	
	9	Prepaid expenses and deferred charges	336,349.	9	195,778.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	25,000,151.		
	b	Less: accumulated depreciation	10b	15,170,659.	10c	9,829,492.
	11	Investments - publicly traded securities	12,315,556.	11	14,442,314.	
	12	Investments - other securities. See Part IV, line 11	1,586,303.	12	1,501,270.	
	13	Investments - program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets. See Part IV, line 11	555,684.	15	612,575.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	30,825,138.	16	34,301,901.		
Liabilities	17	Accounts payable and accrued expenses	1,524,500.	17	2,806,568.	
	18	Grants payable	0	18	0	
	19	Deferred revenue	0	19	0	
	20	Tax-exempt bond liabilities	0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties	3,827,726.	23	4,298,801.	
24	Unsecured notes and loans payable to unrelated third parties	0	24	0		
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0		
26	Total liabilities. Add lines 17 through 25	5,352,226.	26	7,105,369.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	19,906,753.	27	21,284,407.	
	28	Temporarily restricted net assets	3,596,479.	28	3,888,566.	
	29	Permanently restricted net assets	1,969,680.	29	2,023,559.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	25,472,912.	33	27,196,532.		
34	Total liabilities and net assets/fund balances.	30,825,138.	34	34,301,901.		

Part XI Reconciliation of Net Assets

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	28,148,175.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,350,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	797,860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,472,912.
5	Net unrealized gains (losses) on investments	5	884,698.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	41,062.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,196,532.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Employer identification number
36-2169139

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,075,954.	7,233,918.	7,217,600.	7,065,832.	8,706,357.	38,299,661.
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	8,909,952.	9,431,478.	9,501,358.	10,123,762.	21,929,595.	59,896,145.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	128,191.	133,574.	176,297.	137,654.	154,520.	730,236.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	17,114,097.	16,798,970.	16,895,255.	17,327,248.	30,790,472.	98,926,042.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			556,700.	118,244.	375,006.	1,049,950.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	4,682,339.	4,308,018.	4,066,274.	4,211,369.	13,879,068.	31,147,068.
c Add lines 7a and 7b.	4,682,339.	4,308,018.	4,622,974.	4,329,613.	14,254,074.	32,197,018.
8 Public support (Subtract line 7c from line 6.)						66,729,024.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.	17,114,097.	16,798,970.	16,895,255.	17,327,248.	30,790,472.	98,926,042.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	352,755.	340,166.	391,326.	438,026.	386,595.	1,908,868.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	352,755.	340,166.	391,326.	438,026.	386,595.	1,908,868.
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 IV.) ATCH 1.	23,193.	9,741.	76,845.	30,064.	114,998.	254,841.
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,490,045.	17,148,877.	17,363,426.	17,795,338.	31,292,065.	101,089,751.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	66.01 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	71.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.89 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	2.26 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
CAFETERIA					46,043.	46,043.
MISCELLANEOUS	23,193.	9,741.	76,845.	30,064.	68,955.	208,798.
TOTALS	<u>23,193.</u>	<u>9,741.</u>	<u>76,845.</u>	<u>30,064.</u>	<u>114,998.</u>	<u>254,841.</u>

Schedule of Contributors

2013

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

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

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

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

Part I Contributors (see instructions). 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	----- ----- -----	\$ 2,373,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,179,635.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 456,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 226,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 225,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 193,393.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED	Employer identification number 36-2169139
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	DEVICES, BOOKS, MATERIALS, BRAILLERS, AND EQUIPMENT FOR USE BY STUDENTS AND PROGRAM PARTICIPANTS WHO ARE LEGALLY BLIND	\$ 1,179,635.	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 36-2169139

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic structure), a table for held at end of tax year (2a-2d), and questions about monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting collections and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,897,351.	2,701,898.	2,823,219.	2,647,691.	2,563,090.
b Contributions					109,162.
c Net investment earnings, gains, and losses	209,974.	235,470.	-90,656.	204,050.	
d Grants or scholarships					24,561.
e Other expenditures for facilities and programs	38,883.	40,017.	30,665.	28,522.	
f Administrative expenses					
g End of year balance	3,068,442.	2,897,351.	2,701,898.	2,823,219.	2,647,691.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 1.1400 %
 - b Permanent endowment ▶ 46.9700 %
 - c Temporarily restricted endowment ▶ 51.8900 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		306,872.		306,872.
b Buildings		17,232,616.	8,336,936.	8,895,680.
c Leasehold improvements		43,031.	12,495.	30,536.
d Equipment		6,361,398.	5,833,063.	528,335.
e Other		1,056,234.	988,165.	68,069.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				9,829,492.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4

INTENDED USES OF ENDOWMENT FUND

THE BOARD DESIGNATED ENDOWMENT IS MAINTAINED TO GENERATE INVESTMENT INCOME FOR FUNDING OF EXPENDITURES RELATING TO ACTIVITIES OF A RESIDENCY PROGRAM IN THE LOW VISION CLINIC REHABILITATION SERVICE. EARNINGS FROM VARIOUS PERMANENT ENDOWMENTS PROVIDE FUNDING FOR EXPENDITURES RELATING TO SERVICES PROVIDED THROUGH THE LOW VISION CLINIC TO ELDERLY, LOW-INCOME PATIENTS, TO SERVICES PROVIDED IN THE OFFICE SKILLS TRAINING PROGRAM, DEAF-BLIND PROGRAM AND GENERAL AGENCY ACTIVITIES.

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

THE LIGHTHOUSE HAS A FAVORABLE DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE, STATING THAT THEY ARE 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 FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED GUIDANCE THAT REQUIRES TAX EFFECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THESE FINANCIAL STATEMENTS, AS THE LIGHTHOUSE DOES HAVE UNRELATED BUSINESS INCOME AND FILES A 990-T, HOWEVER, NO PROVISIONS FOR INCOME TAXES IS REQUIRED AS THEY HAVE A NET OPERATING LOSS. THE STATUTE OF LIMITATIONS FOR TAX YEARS 2010, 2011, 2012 AND 2013 ARE OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS 41,062.

COST OF GOODS SOLD 3,667,006.

TOTAL 3,708,068.

FORM 990, SCHEDULE D, PART XII, LINE 2D

OTHER

COST OF GOODS SOLD 3,667,006.

TOTAL 3,667,006.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Employer identification number
36-2169139

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	FLAIR (event type)	5. (total number)	
Revenue	1 Gross receipts	306,520.	85,431.	182,077.	574,028.
	2 Less: Contributions	229,001.	50,385.	143,052.	422,438.
	3 Gross income (line 1 minus line 2).	77,519.	35,046.	39,025.	151,590.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	26,366.	32,246.	7,122.	65,734.
	6 Rent/facility costs		5,000.	23,206.	28,206.
	7 Food and beverages	56,575.	862.	12,627.	70,064.
	8 Entertainment	10,743.		304.	11,047.
	9 Other direct expenses	6,265.	1,498.	13,030.	20,793.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				195,844.
11 Net income summary. Subtract line 10 from line 3, column (d)				-44,254.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047
2013
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Department of the Treasury
Internal Revenue Service

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

Employer identification number
36-2169139

Part I General Information on Grants and Assistance

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

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

(1)	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

20210V 6A003

0170102

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	31.	45,035.			
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 2

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

THE POLICY OF THE CHICAGO LIGHTHOUSE IS TO ISSUE GRANT FUNDS DIRECTLY TO THE EDUCATIONAL INSTITUTION WHERE THE AWARDEES ATTEND SCHOOL. A BILL INDICATING THE AMOUNT OF TUITION, BOOK FEES, AND ROOM AND BOARD DUE IS SUBMITTED TO THE MANAGER OF THE PROGRAM AND, IF APPROPRIATE, IS SUBMITTED TO THE PRESIDENT/CEO FOR APPROVAL. ACCORDINGLY, A CHECK IS CUT. IF THE SCHOLARSHIP FUNDS ARE TO BE USED FOR SOMETHING OTHER THAN THE PREVIOUSLY STATED ITEMS, PROPER RECEIPTS AND OTHER APPROPRIATE DOCUMENTATION IS REQUIRED BEFORE FUNDS ARE RELEASED TO THE AWARDEE. THE PROGRAM MANAGER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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

FORM 990, SCHEDULE I, PART IV

SUPPLEMENTAL INFORMATION

THE CHICAGO LIGHTHOUSE ANNUALLY AWARDS SCHOLARSHIPS TO ASSIST PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED IN FURTHERING THEIR EDUCATION, BELIEVING THAT EDUCATIONAL OPPORTUNITIES, OVER TIME, WILL CONVERT TO GREATER OPPORTUNITIES FOR EMPLOYMENT. AN APPLICANT, TO BE ELIGIBLE, MUST BE BLIND OR VISUALLY IMPAIRED. BEYOND THAT, SCHOLARSHIPS ARE AVAILABLE TO THIS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GROUP FOR UNDERGRADUATE, GRADUATE, VOCATIONAL OR OTHER CERTIFICATE OR TRAINING PROGRAM. ONCE ENROLLED, THE SCHOLARSHIP CAN COVER TUITION, ROOM, BOARD, BOOKS, TRANSPORTATION AND/OR OTHER EXPENSES DEEMED APPROPRIATE BY THE SCHOLARSHIP COMMITTEE. EACH YEAR, SCHOLARSHIP APPLICATIONS ARE SOLICITED THRU MAIL, EMAILS, LIGHTHOUSE PUBLICATIONS, PUBLICATIONS OF OTHER ORGANIZATIONS, WEBSITE AND WORD OF MOUTH. THE SCHOLARSHIP COMMITTEE MEETS A NUMBER OF TIMES TO REVIEW AND RATE ALL APPLICATIONS RECEIVED, ACCORDING TO SPECIFIC CRITERIA. THE DOLLAR AMOUNT OF DONATIONS RECEIVED INTO THE SCHOLARSHIP PROGRAM FOR THE YEAR DETERMINES THE AMOUNT AND NUMBER OF SCHOLARSHIPS AVAILABLE. SCHOLARSHIPS ARE AWARDED BASED ON

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraised, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

OUTCOME OF REVIEW PROCESS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Employer identification number
36-2169139

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

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

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

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

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

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

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

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

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

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
1 SZLYK, JANET PRESIDENT & CEO	(i) 206,850. (ii) 0 (iii) 14,605.	20,000. 0	3,743. 0	221.	245,419.	0	
2 JANUSZEWSKI, MARY LYNN EXEC VP & CFO	(i) 123,933. (ii) 5,000. (iii) 6,161.	0 0	2,343. 0	28,110. 0	165,547.	0	
3 LONGO, TERENCE EXEC VP & COO	(i) 135,895. (ii) 5,000. (iii) 6,020.	0 0	2,343. 0	1,581. 0	150,839.	0	
4	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
5	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
6	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
7	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
8	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
9	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
10	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
11	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
12	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
13	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
14	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
15	(i) --- (ii) --- (iii) ---	---	---	---	---	---	
16	(i) --- (ii) --- (iii) ---	---	---	---	---	---	

Part III Supplemental Information

Complete this part to 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.

FORM 990, SCHEDULE J

PART I, LINE 7

NON-FIXED PAYMENTS

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

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

Employer identification number
36-2169139

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		38,363.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4.	12,738.	TRADE DATE FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	29.	6,210.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		121.	1,259,313.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

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

Schedule M (Form 990) (2013)

JSA

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28319Y 649R

0178103

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

FORM 990, SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED

THE CHICAGO LIGHTHOUSE IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
AMERICAN PR HSE	X	1.	1,179,635.	ACTUAL COST
AUCTION/RAFFLE	X	99.	31,035.	FMV
PROG SUPPLIES	X	17.	16,143.	FMV
VENUE	X	3.	8,500.	FMV
CUBICLES	X	1.	24,000.	FMV
TOTALS		<u>121.</u>	<u>1,259,313.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES DESCRIPTION

SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH THE LIGHTHOUSE MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, BOTH OFFSITE AND AT THE CHICAGO LIGHTHOUSE. THOSE EMPLOYED ARE PAID BY THE LIGHTHOUSE. ALSO INCLUDED IN THIS AREA OF PROGRAMMING IS A CONTRACT WITH THE STATE OF ILLINOIS TO PROVIDE RECIPIENT IDENTIFICATION NUMBERS FOR VARIOUS SOCIAL SERVICE AGENCIES WITHIN THE STATE. THIS CONTRACT PROVIDES EMPLOYMENT FOR PEOPLE WITH VISUAL AND HEARING IMPAIRMENTS AS WELL AS AN AVENUE FOR INTERNSHIPS IN THE CUSTOMER SERVICE FIELD. DURING FY14, 54 PEOPLE WITH VISUAL IMPAIRMENTS MAINTAINED EMPLOYMENT VIA THESE CONTRACTS. EXPENSES WERE \$1,900,971, AND REVENUES GENERATED WERE \$2,235,660.

PROGRAMS FOR CHILDREN AND YOUTH INCLUDE THE EARLY INTERVENTION PROGRAM, THE CHILDREN'S DEVELOPMENT CENTER, AND THE PRE-SCHOOL FOR ALL PROGRAM, WHICH PROVIDE SERVICES TO CHILDREN FROM BIRTH THROUGH AGE 21, WHO ARE BLIND, VISUALLY IMPAIRED AND/OR MULTI-DISABLED. THE CHICAGO LIGHTHOUSE BIRTH TO THREE FAMILY INTERVENTION PROGRAM PROVIDES HOME-BASED AND CENTER-BASED SERVICES TO FAMILIES WITH CHILDREN, FROM BIRTH TO THREE YEARS OF AGE, WHO HAVE BEEN IDENTIFIED OR DIAGNOSED WITH VISUAL IMPAIRMENTS. THE LIGHTHOUSE STAFF AND FAMILY MEMBERS WORK TOGETHER DURING A CHILD'S EARLY STAGES OF LIFE TO ENCOURAGE AND GUIDE THROUGH THE NATURAL

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

Employer identification number

STAGES OF PHYSICAL, SOCIAL, COGNITIVE AND EMOTIONAL DEVELOPMENT. SERVICES INCLUDE DEVELOPMENTAL THERAPY, VISION ASSESSMENTS, EVALUATIONS, OPTOMETRIC EXAMINATIONS THROUGH OUR LOW VISION CLINIC, OCCUPATIONAL THERAPY, TRANSPORTATION, SOCIAL WORK AND PSYCHOLOGICAL SERVICES. CHILDREN FROM AGE 3 TO 21 WHO ARE ENROLLED IN THE CHICAGO LIGHTHOUSE CHILDREN'S DEVELOPMENT CENTER RECEIVE SERVICES WHICH INCLUDE DAILY LIVING SKILLS, EDUCATIONAL AND RECREATIONAL ACTIVITIES AND PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY. THE PRE-SCHOOL FOR ALL PROGRAM, IS A BLENDED PROGRAM, WHERE STUDENTS WHO ARE VISUALLY DISABLED ARE TAUGHT SIDE BY SIDE WITH SIGHTED STUDENTS, IN AN EFFORT TO FOSTER INCLUSION AND TOLERANCE FOR DISABILITIES. THIS PROGRAM HAS CREATED A SETTING WHERE THESE GROUPS CAN WORK AND LEARN SIDE BY SIDE, REALIZING THE STRENGTHS OF EACH GROUP. 141 CHILDREN AND FAMILIES WERE SERVED DURING FY14, WITH EXPENSES OF \$1,260,678 AND REVENUES OF \$749,595.

THE CHICAGO LIGHTHOUSE INDUSTRIES 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 LIGHTHOUSE ALSO SUPPLIES THE VETERANS ADMINISTRATION WITH LOW VISION DEVICES AND ADAPTIVE TECHNOLOGY ITEMS, WHICH IN TURN, DISPENSES THESE ITEMS TO VETERANS WHO ARE BLIND OR VISUALLY IMPAIRED. IN FY14, THE VA PURCHASED 1,790 ITEMS FROM US, TO DISPENSE TO SUCH VETERANS. EMPLOYMENT IS PROVIDED, AS A WORKER TAKES, FILLS AND SHIPS ORDERS. DURING FY14, 27 PEOPLE WERE PROVIDED EMPLOYMENT

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

Employer identification number

IN LIGHTHOUSE INDUSTRIES, WITH EXPENSES OF \$1,078,844 AND REVENUES OF \$581,038.

LIGHTHOUSE EMPLOYMENT SERVICES/VOCATIONAL REHABILITATION PROGRAMS PROVIDE ASSISTANCE TO PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND AS THEY PREPARE FOR AND SECURE EMPLOYMENT. A FULL-SERVICE PROGRAM PROVIDES RESUME AND COVER LETTER WRITING, INTERVIEWING TECHNIQUES, AND JOB LEADS. THE PLACEMENT COUNSELORS WORK CLOSELY WITH EMPLOYERS, EDUCATING THEM ABOUT THE AWARENESS OF VISUAL IMPAIRMENTS AND PERFORMING TASK ANALYSIS IN ORDER TO ASSIST THE COORDINATION OF JOB MODIFICATION EFFORTS. ASSISTANCE IS PROVIDED TO HELP MAXIMIZE VISION THROUGH OPTICAL DEVICES, MAXIMIZING PRODUCTIVITY THROUGH JOB ASSESSMENT AND ACCOMMODATIONS, AND PROVIDING SPECIALIZED EQUIPMENT AND TRAINING WHEN NEEDED. SUPPORTED EMPLOYMENT AND JOB COACHING ASSISTANCE ARE ALSO PROVIDED WHEN NEEDED. VOCATIONAL TRAINING PROGRAMS PROVIDE REHABILITATION AND TRAINING OPPORTUNITIES FOR PEOPLE WHO ARE BLIND, VISUALLY IMPAIRED AND MULTI-DISABLED, MANY OF WHOM HAVE NEVER WORKED OR WHO HAVE EXPERIENCED LONG-TERM UNEMPLOYMENT. FOR THOSE WHO ARE UNCERTAIN OF A VOCATIONAL GOAL, VOCATIONAL EVALUATION SERVICES ARE ALSO AVAILABLE. INDUSTRIAL, JANITORIAL, OFFICE SKILLS, CUSTOMER SERVICE AND COLLECTIONS TRAINING AND VOCATIONAL EVALUATION OPPORTUNITIES EXIST DUE TO PARTIAL FUNDING PROVIDED THROUGH THE STATE OF ILLINOIS. UPON COMPLETION OF THESE PROGRAMS, THE INDIVIDUAL MOVES TO EMPLOYMENT SERVICES, WITH SKILLS NECESSARY TO BE JOB-READY. ADAPTIVE TECHNOLOGY, WHICH INCLUDES A NATIONAL HELP DESK, UTILIZES ASSISTIVE COMPUTER HARDWARE AND SOFTWARE TO HELP INDIVIDUALS MEET THE CHALLENGES OF

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

Employer identification number

A VISUAL IMPAIRMENT. SERVICES INCLUDE EVALUATING THE TECHNOLOGICAL NEEDS OF A PERSON WHO IS VISUALLY IMPAIRED OR BLIND AS IT RELATES TO THEIR WORK OR HOME ENVIRONMENT, DETERMINING COMPATIBILITY OF THE ASSISTIVE TECHNOLOGY WITH EXISTING EQUIPMENT, SET-UP, TRAINING AND FOLLOW-UP. INTERACTION AND CONSULTATION WITH EMPLOYERS AND COMPANY IT STAFF ALSO TAKES PLACE, WHEN RELATED TO A JOB SETTING. THE NATIONAL HELP DESK IS AN ASSISTIVE TECHNOLOGY SUPPORT LINE THAT HELPS PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND SUCCESSFULLY RESOLVE COMPUTER PROBLEMS. MOBILITY TRAINING PROGRAM ALLOWS FOR INDEPENDENCE WHEN TRAVELLING AND ENABLES INDIVIDUALS TO GAIN SKILLS NECESSARY TO TRAVEL TO AND FROM A JOB. DURING FY14, 2,413 PEOPLE WERE SERVED IN THESE PROGRAMS AND 77 PLACEMENTS WERE MADE. EXPENSES WERE \$998,823 AND REVENUES WERE \$504,638.

LIGHTHOUSE NORTH, OUR GLENVIEW LOCATION, MADE POSSIBLE BY A MAJOR FOUNDATION, ENABLES SERVICES TO BE PROVIDED AT A LOCATION MORE CONVENIENT TO PEOPLE IN THAT AREA. LOW VISION, ADAPTIVE TECHNOLOGY, SENIORS, AS WELL AS CHILDREN/YOUTH ENRICHMENT PROGRAMS OPERATED DURING FY14 AND MIRROR ACTIVITIES WHICH TAKE PLACE AT THE MAIN LOCATION IN CHICAGO. FY14 EXPENSES WERE \$931,329 AND REVENUES WERE \$265,482. SERVICES WERE PROVIDED TO OVER 1,100 PEOPLE OF ALL AGES, WITH VISUAL IMPAIRMENTS.

INDEPENDENT LIVING SERVICES INCLUDE PROGRAMS WHICH ARE DESIGNED TO MAXIMIZE INDEPENDENT LIVING FUNCTIONS IN THE HOME, WORKPLACE AND COMMUNITY AT LARGE. THE ADULT LIVING SKILLS PROGRAM ADMINISTERS LESSONS IN DAILY LIVING, ACADEMICS AND PRE-VOCATIONAL TRAINING TO ITS

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PARTICIPANTS. AS PART OF THEIR DAILY ACTIVITIES, PROGRAM PARTICIPANTS JOIN TOGETHER TO PERFORM AS THE CHICAGO LIGHTHOUSE VISION QUEST MUSIC GROUP. THEY ALSO TAKE PART IN RECREATION AND SOCIAL ACTIVITIES. THE DEAF-BLIND PROGRAM SERVES PEOPLE THROUGHOUT THE STATE OF ILLINOIS WITH VARYING DEGREES OF VISUAL AND HEARING LOSSES, PROVIDING ACCESS TO OTHER LIGHTHOUSE PROGRAMS, SERVICES WITHIN THE COMMUNITY AND APPROPRIATE REFERRALS TO AGENCIES. IT ALSO ASSISTS WITH TRAINING ON COMMUNICATION DEVICES, PROMOTING INDEPENDENCE AND SELF-SUFFICIENCY FOR PEOPLE WITH THESE DUAL DISABILITIES. A GRANT FROM THE FEDERAL COMMUNICATIONS COMMISSION HAS ALLOWED THE LIGHTHOUSE TO INCREASE SERVICES TO THE DEAF-BLIND COMMUNITY. THE SENIORS PROGRAM HELPS INDIVIDUALS WHO ARE VISUALLY IMPAIRED, AGES 55 AND OVER, FIND NEW WAYS TO ACCOMPLISH DAILY RESPONSIBILITIES AND LEARN NEW SKILLS TO CONTINUE TO LIVE AN INDEPENDENT AND PRODUCTIVE LIFE. COMPUTER AND ADAPTIVE TRAINING CLASSES ARE CENTRAL TO THIS PROGRAM. LUNCHEONS, AT VARIOUS TIMES THROUGHOUT THE YEAR, PROVIDE OPPORTUNITIES TO SOCIALIZE, NETWORK AND EXCHANGE RESOURCES AND IDEAS. PROGRAMS IN THIS SECTION SERVED 505 PEOPLE DURING FY14. EXPENSES FOR THIS GROUP OF SERVICES WERE \$848,355 AND REVENUES WERE \$319,717.

OTHER PROGRAMS AND SERVICES INCLUDE A NUMBER OF PROGRAMS WITH A VARIETY OF FOCUSES. CHICAGO-LAND RADIO INFORMATION SERVICE (CRIS), WHICH PROVIDES DAILY READINGS OF NEWSPAPERS AND PERIODICALS, THROUGH USE OF VOLUNTEER READERS WHO READ VERBATIM FROM LOCAL PERIODICALS AND BROADCAST VIA SPECIAL RECEIVERS PLACED IN HOMES AND OTHER COMMUNITY LOCATIONS AS REQUESTED. CONNECTION CAN BE MADE VIA THE INTERNET, AS WELL. SPECIAL

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INTEREST PROGRAMMING IS DEDICATED TO THE NEEDS AND INTERESTS OF PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. THE BEACON RADIO SHOW AIRS WEEKLY AND PROVIDES TOPICS OF INTEREST TO THE BLIND COMMUNITY. IT IS ESTIMATED THAT DURING FY14 LISTENERS TO CRIS AND THE BEACON NUMBERED 43,363. THE ARTHUR AND ESTHER KANE LEGAL CLINIC PROVIDES PRO-BONO LEGAL SERVICES TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED WITH LOW INCOMES IN METROPOLITAN CHICAGO AND THROUGHOUT THE UNITED STATES. LEGAL COUNSEL AND SERVICES PROVIDED CAN HELP NAVIGATE AND OVERCOME SOCIAL STEREOTYPES, WORKPLACE DISCRIMINATION AND HEAVY GOVERNMENT ASSISTANCE PROGRAMS. 165 INDIVIDUALS TOOK ADVANTAGE OF SERVICES AT OUR LEGAL CLINIC. THE LIGHTHOUSE SCHOLARSHIP PROGRAM, WHICH PROVIDES SCHOLARSHIPS TO STUDENTS PURSUING UNDERGRADUATE, GRADUATE, AND POST GRADUATE STUDIES, AS WELL AS VOCATIONAL TRAINING PROGRAMS, WAS IN CONTACT WITH 40 STUDENTS DURING FY14. SCHOLARSHIP FUNDS (GRANTS) IN THE AMOUNT OF \$45,035 WERE PAID OUT TO 31 INDIVIDUALS. 18,820 PEOPLE ENGAGED IN INFORMATION AND REFERRAL SERVICES. FOR ALL OF THESE PROGRAMS, EXPENSES WERE \$211,189 AND REVENUES WERE \$2,550.

RETAIL OPERATIONS PROVIDE CASHIER, INVENTORY AND CUSTOMER SERVICE TRAINING AND EMPLOYMENT FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. THE LIGHTHOUSE CONVENIENCE STORE IS LOCATED OFFSITE, AND IS A PROGRAM AIMED AT REDUCING THE UNEMPLOYMENT RATE OF PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. INTERNSHIP OPPORTUNITIES ARE AVAILABLE, AS WELL, TO SHARPEN CUSTOMER SERVICE SKILLS IN ORDER TO INCREASE THEIR CHANCES AND APPEAL FOR EMPLOYMENT AT OTHER COMPANIES AND ORGANIZATIONS. 4 PEOPLE WERE

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PROVIDED EMPLOYMENT IN THESE OPERATIONS DURING FY14. EXPENSES TOTAL
\$173,160, WITH REVENUE OF \$49,784.

FORM 990, PART VI, SECTION A, LINE 1A

DELEGATION OF AUTHORITY

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

DIRECTORS: THE CHAIRMAN OF THE BOARD, THE VICE CHAIRMAN OF THE BOARD (THE
FIRST VICE CHAIRMAN IF MORE THAN ONE VICE CHAIRMAN IS SERVING AT ANY
TIME) (HEREIN THE "CHAIRMAN" AND "VICE CHAIRMAN"), THE TREASURER, THE
SECRETARY, TWO MEMBERS-AT-LARGE AND THE IMMEDIATE PAST CHAIRMAN.

MEMBERS-AT-LARGE SHALL BE DIRECTORS WHO ARE NOT OFFICERS OF THE
CORPORATION WHO HAVE BEEN SELECTED BY THE BOARD OF DIRECTORS TO SERVE AT
THE BOARD'S PLEASURE. NO DIRECTOR SHALL SERVE AS A MEMBER-AT-LARGE OF THE
EXECUTIVE COMMITTEE FOR MORE THAN TWO (2) CONSECUTIVE YEARS. THE
IMMEDIATE PAST CHAIRMAN SHALL BE THE DIRECTOR WHO MOST RECENTLY HAS
SERVED FOR TWO YEARS OR MORE AS THE CHAIRMAN OF THE BOARD IMMEDIATELY
PRECEDING THE CURRENT CHAIRMAN. ANY OTHER DIRECTOR WHO HAS PREVIOUSLY
SERVED FOR TWO YEARS OR MORE AS CHAIRMAN OF THE BOARD SHALL BE DESIGNATED
"CHAIRMAN EMERITUS," WHILE SUCH PERSON CONTINUES TO SERVE AS A DIRECTOR,
BUT SUCH PERSON SHALL NOT BE AN OFFICER OF THE CORPORATION NOR A MEMBER
OF THE EXECUTIVE COMMITTEE BY VIRTUE OF SUCH DESIGNATION. A CHAIRMAN
EMERITUS MAY SERVE AS AN OFFICER OF THE CORPORATION IF ELECTED.

THE EXECUTIVE COMMITTEE MAY TRANSACT ROUTINE BUSINESS BETWEEN REGULAR
MEETINGS OF THE BOARD AND SHALL ACT IN EMERGENCIES. DURING THE MONTH IN
WHICH THE ANNUAL MEETING IS HELD, THE EXECUTIVE COMMITTEE SHALL REVIEW

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THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND SHALL SET HIS/HER
COMPENSATION.

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

FORM 990, PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS

FORM 990 WAS DISTRIBUTED AMONG ALL MEMBERS OF THE BOARD OF DIRECTORS,
EITHER VIA EMAIL OR HARD COPY, DEPENDING ON THE PREFERRED METHOD OF
COMMUNICATION. FINANCE COMMITTEE, WHO HAS RESPONSIBILITY FOR REVIEWING

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

FORM 990, PART VI, SECTION B, LINE 12C

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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

FORM 990, PART VI, SECTION B, LINE 15B

COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES
FOR THE EXECUTIVE DIRECTOR 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

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INFORMATION WAS GATHERED FROM THE ORGANIZATIONS --- SALARY, BENEFITS/DEFERRED COMPENSATION, REVENUE, EXPENSES, NET ASSETS, NUMBER OF EMPLOYEES AND CLIENTS SERVED. THE SALARY SURVEY WAS REVIEWED BY THE BOARD SEARCH COMMITTEE WHICH CONSISTED OF THE PRESIDENT, DIRECTOR OF HUMAN RESOURCES AND BOARD MEMBERS. A RECOMMENDATION WAS MADE TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVED THE RECOMMENDATION. ANNUAL INCREASES, FOR THIS POSITION, ARE BROUGHT BEFORE THE EXECUTIVE COMMITTEE, AS PART OF THE PERFORMANCE REVIEW PROCESS. FOR OTHER KEY POSITIONS WITHIN THE AGENCY, SALARIES ARE APPROVED AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS. EVERY FEW YEARS, OR AS NEED ARISES, SURVEYS ARE DONE SO THAT SALARY BENCHMARKS CAN BE DETERMINED. WHEN MAJOR CHANGES ARE GOING TO BE MADE, THIS INFORMATION MAY BE BROUGHT TO THE ADMINISTRATIVE SERVICES AND/OR THE FINANCE COMMITTEES OF THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18

FORM 990 AND 990-T PUBLICLY AVAILABLE

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

FORM 990, PART VI, SECTION C, LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ARTICLE OF INCORPORATION, BY-LAWS, BOARD MINUTES, IRS DETERMINATION LETTER, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE IL-AG OFFICE AND ARE AVAILABLE ON-LINE THROUGH MULTIPLE SOURCES. SUMMARY FINANCIAL STATEMENTS ARE

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PUBLISHED WITHIN THE ANNUAL REPORT.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS 41,062.

----- TOTAL 41,062.

ATTACHMENT 1

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

ESTABLISHED IN 1906, THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED SERVES AS A LEADER, INNOVATOR, AND ADVOCATE. THE CHICAGO LIGHTHOUSE, A NONPROFIT ORGANIZATION, OPENS DOORS TO OPPORTUNITIES, CHOICES, JOBS, AND INDEPENDENCE FOR PEOPLE OF ALL AGES WHO ARE BLIND, VISUALLY IMPAIRED, DEAF-BLIND AND MULTI-DISABLED AND IN FURTHERANCE OF THIS OBJECTIVE, ASSISTS AND EMPLOYS PEOPLE WHO ARE OTHERWISE DISABLED AND VETERANS.

ATTACHMENT 2

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

CALL CENTER OPERATIONS INCLUDE PROVIDING CUSTOMER SERVICE JOBS FOR CONTRACTS ENTERED INTO WITH BOTH PRIVATE COMPANIES AND STATE AGENCIES, AND THE ASSESSMENT AND TRAINING PROGRAMS TO ASSIST POTENTIAL EMPLOYEES IN GAINING THE SKILLS NECESSARY FOR EMPLOYMENT IN THIS AREA. THE COMMUNICATIONS CENTER PROVIDES TRAINING FOR INDIVIDUALS IN THE AREA OF CUSTOMER SERVICE, CALL CENTER OPERATIONS AND APPOINTMENT TAKING. PAID INTERNSHIPS ARE AVAILABLE FOR THOSE WHO ARE INTERESTED IN THIS TYPE OF WORK, FUNDED BY A CITY OF CHICAGO GRANT. OTHER FUNDERS HAVE SUPPORTED THESE EFFORTS,

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ATTACHMENT 2 (CONT'D)

AS WELL. AS THE LIGHTHOUSE CONTINUES WITH FOUR MAJOR CONTRACTS,
170 PEOPLE WITH VISUAL DISABILITIES, AS WELL AS OTHER DISABILITIES
AND VETERANS, WERE PROVIDED TRAINING AND/OR JOBS DURING THE FISCAL
YEAR. EXPENSES WERE \$11,275,152 AND REVENUES WERE \$12,470,049.

ATTACHMENT 3

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

THE INSTRUCTIONAL MATERIALS CENTER FOR THE STATE OF ILLINOIS IS
ADMINISTERED BY THE CHICAGO LIGHTHOUSE AND FUNDED THROUGH THE
ILLINOIS STATE BOARD OF EDUCATION. THIS PROGRAM ALSO RECEIVES AN
IN-KIND GRANT FROM THE AMERICAN PRINTING HOUSE FOR THE BLIND. THIS
PROJECT SUPPLIES LARGE PRINT AND BRAILLE TEXT BOOKS AND ADAPTIVE
EQUIPMENT TO SCHOOL AGE STUDENTS WITHIN THE STATE OF ILLINOIS, WHO
ARE BLIND OR VISUALLY IMPAIRED. THESE ITEMS ARE ORDERED BY THE
STUDENT'S SCHOOL DISTRICT AND ARE PROVIDED FREE OF CHARGE.
ADAPTIVE EQUIPMENT, SUCH AS CCTVS, BRAILLE PRINTERS, TALKING AND
LARGE SCREEN SOFTWARE, IS LOANED UPON REQUEST, AS WELL. THIS
ENHANCES CHILDREN WITH VISUAL DISABILITIES IN THEIR EDUCATIONAL
PURSUITS, FROM THEIR FIRST SCHOOL YEARS THROUGH HIGH SCHOOL
GRADUATION. 4,709 STUDENTS RECEIVED BOOKS, EQUIPMENT OR SUPPLIES
DURING FY14, INCURRING \$2,373,656 IN EXPENSE AND GENERATING \$3,458
IN REVENUE.

ATTACHMENT 4

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ATTACHMENT 4 (CONT'D)

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

VISION REHABILITATION AND RESEARCH: THE SANDY AND RICK FORSYTHE CENTER FOR COMPREHENSIVE VISION CARE, THE BERGMAN INSTITUTE FOR PSYCHOLOGICAL SUPPORT, AS WELL AS THE PANGERE CENTER FOR INHERITED RETINAL DISEASES, PROVIDE COMPREHENSIVE DIAGNOSTIC, REHABILITATIVE, CLINICAL, PSYCHOLOGICAL, OPTOMETRIC AND OPHTHALMOLOGICAL SERVICES, AS WELL AS RESEARCH, IN THE FIELD OF LOW VISION. SERVICES ARE PROVIDED TO PATIENTS OF ALL AGES AT THE LIGHTHOUSE AND AT A NUMBER OF SATELLITE LOCATIONS WITHIN THE CHICAGO-LAND AREA. DOCTORS AND THERAPISTS ARE SPECIFICALLY TRAINED IN THE FIELD OF LOW VISION. FUNDED IN PART THROUGH PRIVATE FEES, MEDICARE AND OTHER INSURANCE REIMBURSEMENTS, SERVICES ARE ALSO AVAILABLE REGARDLESS OF ONE'S ABILITY TO PAY, DUE TO THE GENEROSITY OF A NUMBER OF GRANTS TO SUPPORT THIS EFFORT. IN CONJUNCTION WITH THE EXAM PROCESS, VARIOUS ADAPTIVE DEVICES AND/OR GLASSES MAY BE TESTED FOR USEFULNESS TO THE PATIENT AND PURCHASE OF SUCH ITEMS MIGHT BE ENCOURAGED AS PART OF THE PATIENT'S REHABILITATIVE PROGRAM. APPROPRIATE TRAINING ON THE USE OF SUCH DEVICES IS ALSO PROVIDED. A TOOLS FOR LIVING STORE HAS BEEN DESIGNED TO ENSURE EASE OF MOBILITY AND BROWSING FOR CUSTOMERS WHO ARE BLIND OR VISUALLY IMPAIRED AND INCLUDES INDEPENDENT LIVING AIDS, SPEECH/LARGE PRINT ELECTRONICS, AND OTHER LIKE PRODUCTS. IT IS A NATURAL EXTENSION OF THE LOW VISION SERVICE AND PROVIDES CONVENIENCE SHOPPING FOR PATIENTS AND FAMILY MEMBERS. THE LOW VISION AREA AND THE PANGERE CENTER ALSO ENGAGE IN CUTTING EDGE RESEARCH ACTIVITIES TO DEVELOP NEW METHODS OF VISION

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ATTACHMENT 4 (CONT'D)

REHABILITATION AND TO INVESTIGATE GENETIC INVOLVEMENT IN CERTAIN
DISEASES. DURING FY14, PATIENTS, PARTICIPANTS, AND CONSUMERS
NUMBERED 7,138. EXPENSES WERE \$2,156,090 AND REVENUES WERE
\$1,080,617.

ATTACHMENT 5

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DR. GERALD FISHMAN 1011 CROMWELL WESTCHESTER, IL 60154	OPHTHALMOLOGY	184,005.
OFFICE MAX, INC. 1590 1ST AVENUE OTTOWA, IL 61350	CLOCK REPRESENTATIVE	151,336.
SUPER G, INC. 2607 MAYFAIR AVE WESTCHESTER, IL 60154	CAFETERIA SERVICES	162,607.
BANNER PERSONNEL 7425 JANES AVE SUITE 201 WOODRIDGE, IL 60517	TEMP. LABOR	538,550.
SEATON ACQUISITION CORP 32487 COLLECTION CENTER DR CHICAGO, IL 60693	TEMP. LABOR	716,933.

ATTACHMENT 6

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
CALL CENTER TRANSITION TEAM	473,244.	473,244.		
OPTOMETRIST/OPHTHALMOLOGISTS	470,261.	470,261.		

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ATTACHMENT 6 (CONT'D)

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
MISCELLANEOUS CONTRACTORS	781,273.	578,229.	140,740.	62,304.
SUBCON-IT & LABOR FOR CALL CTR	1,233,552.	1,233,552.		
TEMP LABOR - CALL CENTERS	2,394,189.	2,394,189.		
TOTALS	<u>5,352,519.</u>	<u>5,149,475.</u>	<u>140,740.</u>	<u>62,304.</u>