The Chicago Lighthouse for People Who Are Blind or Visually Impaired

2010 Form 990 for the
Year Ended June 30, 2011

Public Disclosure Copy

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 **2010** Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 20 11

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 1850 W. ROOSEVELT ROAD Room/suite

City or town, state or country, and ZIP + 4 CHICAGO, IL 60608

D Employer identification number 36-2169139

E Telephone number (312) 997-3664

G Gross receipts $ 22,828,003.

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

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ] If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.THECHICAGOLIGHTHOUSE.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ L Year of formation: 1906 M State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE CHICAGO LIGHTHOUSE, A NOT FOR PROFIT AGENCY, STRIVES TO PROVIDE QUALITY EDUCATIONAL, CLINICAL, REHABILITATION AND VOCATIONAL SERVICES TO PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, OR MULTI-DISABLED.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	36.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	320.
6	Total number of volunteers (estimate if necessary)	6	445.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	12,665.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,781.

COPY FOR PUBLIC INSPECTION

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,075,954.	7,233,918.
	9	Program service revenue (Part VIII, line 2g)	4,241,116.	4,661,133.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-98,420.	299,892.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	522,637.	529,652.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,741,287.	12,724,595.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	60,219.	51,503.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,206,756.	8,065,121.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	1,140.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 898,689.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,209,928.	6,856,687.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,476,903.	14,974,451.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,735,616.	-2,249,856.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	32,358,240.	33,114,319.
	21	Total liabilities (Part X, line 26)	2,827,690.	4,136,959.
	22	Net assets or fund balances. Subtract line 21 from line 20	29,530,550.	28,977,360.

Part II Signature Block

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

Sign Here ▶ Signature of officer 4/11/12 Date

▶ JANET SZLYK PRESIDENT & EXEC DIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DANIEL ROMANO		04/11/2012	▶ [ ]	P00504182

Firm's name ▶ GRANT THORNTON LLP EIN ▶ 36-6055558

Firm's address ▶ 175 W. JACKSON BLVD. STE. 2000 CHICAGO, IL 60604 Phone no. ▶ 312-856-0200

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

JSA 0E1065 3.000

• 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 extended due date for filing your return. See instructions.

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

Employer identification number 36-2169139

Number, street, and room or suite no. If a P.O. box, see instructions.
1850 W. ROOSEVELT ROAD

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CHICAGO, IL 60608

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	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

Telephone No. ▶ 312 997-3664 FAX No. ▶ 312 992-3650

• 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 12 .

5 For calendar year ______ , or other tax year beginning 07/01, 20 10 , and ending 06/30 , 20 11 .

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 REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	$
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 and any amount paid previously with Form 8868.	8b	$
c **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	$

Signature and Verification

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 ▶ Title ▶ CPA Date ▶ 01/23/2012

Form **8868** (Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- 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.

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

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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	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

Telephone No. ▶ 312 997-3664 FAX No. ▶ 312 992-3650

- 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 , 20 12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year 20 ____ or

▶ [X] tax year beginning 07/01 , 20 10 , and ending 06/30 , 20 11 .

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 fund withdrawal 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 to any question in this Part III . . . . [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 2,236,749. including grants of $ 0.) (Revenue $ 1,010,490.)

ATTACHMENT 2

4b (Code:) (Expenses $ 2,186,278. including grants of $ 0.) (Revenue $ 2,031.)

ATTACHMENT 3

4c (Code:) (Expenses $ 1,298,985. including grants of $ 0.) (Revenue $ 551,193.)

ATTACHMENT 4

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

(Expenses $ 5,523,200. including grants of $ 51,503.) (Revenue $ 3,636,995.)

4e Total program service expenses ▶ 11,245,212.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	86		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	320		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	X	
b If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X	
b If "Yes," enter the name of the foreign country: ▶ CAYMAN ISLANDS See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IL,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MARY LYNNE 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 to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) RICHARD BOYKIN DIRECTOR	1.00	X						0.	0.	0.
(2) DAVID BRINT DIRECTOR	1.00	X						0.	0.	0.
(3) PAMELA BROOKS-TULLY DIRECTOR	1.00	X						0.	0.	0.
(4) FRANKLIN CHANEN DIRECTOR	1.00	X						0.	0.	0.
(5) WARREN CHAPMAN ASSISTANT TREASURER 06-15-11	1.00	X						0.	0.	0.
(6) ROBERT CLARKE DIRECTOR FROM 03-16-11	1.00	X						0.	0.	0.
(7) JOHN COLEMAN DIRECTOR	1.00	X						0.	0.	0.
(8) WILLIAM CONAGHAN CHAIRMAN TO06-15-11; PAST CHAIR	2.00	X		X				0.	0.	0.
(9) THOMAS DEUTSCH DIRECTOR	1.00	X						0.	0.	0.
(10) MIKE DITKA DIRECTOR	1.00	X						0.	0.	0.
(11) SANDRA FORSYTHE VICE CHAIR 06-15-11	1.00	X		X				0.	0.	0.
(12) BRUCE FOUDREE DIRECTOR	1.00	X						0.	0.	0.
(13) DENNIS GIERTZ DIRECTOR	1.00	X						0.	0.	0.
(14) BRUCE HAGUE TREASURER TO06-15-11; CHAIRMAN	1.00	X		X				0.	0.	0.
(15) DAVID HUBER TREASURER 06-15-11	1.00	X		X				0.	0.	0.
(16) R. RAZZ JENKINS VICE CHAIR TO 06-15-11	1.00	X		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 (describe hours for related organizations in Schedule O)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(17) VAL JENSEN DIRECTOR FROM 06-15-11	1.00	X						0.	0.	0.
(18) JOEL KAPLAN PAST CHAIR TO 06-15-11	1.00	X		X				0.	0.	0.
(19) JAMES KESTELOOT DIRECTOR	5.00	X						19,219.	0.	0.
(20) MANUS KRAFF DIRECTOR	1.00	X						0.	0.	0.
(21) MARVIN LADER DIRECTOR	1.00	X						0.	0.	0.
(22) TOM LIVINGSTON ASS'T SEC'Y FROM 06-15-11	1.00	X		X				0.	0.	0.
(23) THEODORE MAZOLA DIRECTOR	1.00	X						0.	0.	0.
(24) JUDY MCCASKEY DIRECTOR	1.00	X						0.	0.	0.
(25) MIKE MEEHAN DIRECTOR	1.00	X						0.	0.	0.
(26) LAURA NADLER DIRECTOR TO 02-24-11	1.00	X						0.	0.	0.
(27) ROBERT PASCAL DIRECTOR	1.00	X						0.	0.	0.
(28) ROBERT PROCTOR ASSISTANT TREASURER TO06-15-11	1.00	X		X				0.	0.	0.
1b Sub-total ▶								19,219.	0.	0.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 5 ▶								536,218.	0.	58,859.
d Total (add lines 1b and 1c) ▶								555,437.	0.	58,859.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 4

		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*	3		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*	4	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*	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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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 ▶ 4

Part VIII Statement of Revenue

Line	Description	Box / Business Code	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	Contributions, gifts, grants and other similar amounts						
1a	Federated campaigns	1a	102,307.				
b	Membership dues	1b					
c	Fundraising events	1c	316,814.				
d	Related organizations	1d					
e	Government grants (contributions)	1e	2,503,267.				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,311,530.				
g	Noncash contributions included in lines 1a-1f: $		1,111,894.				
h	**Total.** Add lines 1a-1f ▶			7,233,918.			
	Program Service Revenue	Business Code					
2a	DEVELOPMENT CTR TUITION	611600		1,421,347.	1,421,347.		
b	GOVT'T SERV CONTR & MIDWAY	624410		1,208,646.	1,208,646.		
c	LOW VISION FEES & SALES	621990		1,010,490.	1,010,490.		
d	FEES FROM GOV'T AGENCIES	624310		798,544.	798,544.		
e	EARLY INTERVENTION FEES	624100		134,425.	134,425.		
f	All other program service revenue			87,681.	87,681.		
g	**Total.** Add lines 2a-2f ▶			4,661,133.			
	Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) ▶			338,841.			338,841.
4	Income from investment of tax-exempt bond proceeds ▶			0.			
5	Royalties ▶			1,325.			1,325.
		(i) Real	(ii) Personal				
6a	Gross Rents						
b	Less: rental expenses						
c	Rental income or (loss)						
d	Net rental income or (loss) ▶			0.			
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	5,666,461.					
b	Less: cost or other basis and sales expenses	5,705,410.					
c	Gain or (loss)	-38,949.					
d	Net gain or (loss) ▶			-38,949.			-38,949.
8a	Gross income from fundraising events (not including $ 316,814. of contributions reported on line 1c). See Part IV, line 18	a	129,319.				
b	Less: direct expenses	b	165,654.				
c	Net income or (loss) from fundraising events ▶			-36,335.			-36,335.
9a	Gross income from gaming activities. See Part IV, line 19	a	4,255.				
b	Less: direct expenses	b	1,575.				
c	Net income or (loss) from gaming activities ▶			2,680.			2,680.
10a	Gross sales of inventory, less returns and allowances	a	4,770,345.				
b	Less: cost of goods sold	b	4,230,769.				
c	Net income or (loss) from sales of inventory ▶			539,576.	539,576.		
	Miscellaneous Revenue	Business Code					
11a	RADIO ADVERTISEMENTS	541800		12,665.		12,665.	
b	MISCELLANEOUS	900099		9,741.			9,741.
c							
d	All other revenue						
e	**Total.** Add lines 11a-11d ▶			22,406.			
12	**Total revenue.** See instructions ▶			12,724,595.	5,200,709.	12,665.	277,303.

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) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	51,503.	51,503.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	497,802.	45,740.	356,738.	95,324.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,152,299.	4,801,479.	872,050.	478,770.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,763.	49,763.	9,038.	4,962.
9 Other employee benefits	800,978.	629,294.	110,834.	60,850.
10 Payroll taxes	550,279.	336,494.	172,366.	41,419.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	37,925.		37,925.	
c Accounting	40,730.		40,730.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	1,140.			1,140.
f Investment management fees	99,592.		99,592.	
g Other	1,254,876.	959,078.	242,521.	53,277.
12 Advertising and promotion	261,438.	258,161.	3,627.	-350.
13 Office expenses	1,106,366.	889,581.	180,343.	36,442.
14 Information technology	198,233.	46,211.	131,617.	20,405.
15 Royalties	0.			
16 Occupancy	302,121.	235,140.	63,613.	3,368.
17 Travel	133,580.	77,500.	47,366.	8,714.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	10,685.	9,225.	939.	521.
20 Interest	43,169.	2,999.	40,170.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	808,766.	543,037.	247,705.	18,024.
23 Insurance	90,468.	33,982.	56,019.	467.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a AMERICAN PRINTING HOUSE	951,164.	875,903.	75,261.	
b IMC INSTRUCTIONAL MATERIALS	806,276.	806,276.		
c COMMISSIONS & REBATES	340,287.	340,287.		
d CLIENT TRANS & MAINTENANCE	96,758.	96,758.		
e	0.			
f All other expenses	274,253.	156,801.	42,096.	75,356.
25 **Total functional expenses.** Add lines 1 through 24f	14,974,451.	11,245,212.	2,830,550.	898,689.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			327,252.	1	183,018.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,749,152.	3	2,603,113.
	4	Accounts receivable, net			1,042,298.	4	1,134,908.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	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)				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			922,480.	8	995,113.
	9	Prepaid expenses and deferred charges			104,174.	9	164,679.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	23,708,395.			
	b	Less: accumulated depreciation	10b	12,586,679.	10,345,008.	10c	11,121,716.
	11	Investments - publicly traded securities			13,677,107.	11	13,433,972.
	12	Investments - other securities. See Part IV, line 11			2,690,073.	12	2,904,176.
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			500,696.	15	573,624.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			32,358,240.	16	33,114,319.
Liabilities	17	Accounts payable and accrued expenses			1,820,499.	17	1,755,709.
	18	Grants payable				18	
	19	Deferred revenue			7,191.	19	0.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			1,000,000.	23	2,381,250.
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	**Total liabilities.** Add lines 17 through 25			2,827,690.	26	4,136,959.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			24,717,354.	27	23,122,821.
	28	Temporarily restricted net assets			2,886,645.	28	3,843,939.
	29	Permanently restricted net assets			1,926,551.	29	2,010,600.
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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			29,530,550.	33	28,977,360.
	34	Total liabilities and net assets/fund balances			32,358,240.	34	33,114,319.

Form **990** (2010)

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,724,595.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,974,451.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,249,856.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,530,550.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,696,666.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	28,977,360.

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . . [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
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?	3a	X	
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.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

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 [X] 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 - Other

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?

		Yes	No
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3% support test - 2010.** 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 . . . ▶ ☐

b **33 1/3% support test - 2009.** 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 . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2010.** 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 . . . ▶ ☐

b **10%-facts-and-circumstances test - 2009.** 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 organzation meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

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 . . . ▶ ☐

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,278,933.	9,379,402.	7,256,583.	8,075,954.	7,233,918.	39,224,790.
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	6,853,298.	7,956,839.	8,332,584.	8,909,952.	9,431,478.	41,484,151.
3 Gross receipts from activities that are not an unrelated trade or business under section 513				128,191.	133,574.	261,765.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	14,132,231.	17,336,241.	15,589,167.	17,114,097.	16,798,970.	80,970,706.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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	4,293,118.	4,354,548.	4,383,419.	4,682,339.	4,308,018.	22,021,442.
c Add lines 7a and 7b	4,293,118.	4,354,548.	4,383,419.	4,682,339.	4,308,018.	22,021,442.
8 **Public support** (Subtract line 7c from line 6.)						58,949,264.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	14,132,231.	17,336,241.	15,589,167.	17,114,097.	16,798,970.	80,970,706.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	722,166.	638,863.	414,331.	352,755.	340,166.	2,468,281.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	722,166.	638,863.	414,331.	352,755.	340,166.	2,468,281.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	0.	25,813.	18,086.	23,193.	9,741.	76,833.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	14,854,397.	18,000,917.	16,021,584.	17,490,045.	17,148,877.	83,515,820.

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 2010 (line 8, column (f) divided by line 13, column (f))	15	70.58 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	69.63 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	2.96 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	3.44 %

19a **33 1/3 % support tests - 2010.** 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 - 2009.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
PUBLIC EDUCATION EVENTS	0.	0.	4,500.	0.	0.	4,500.
MISCELLANEOUS	0.	25,813.	13,586.	23,193.	9,741.	72,333.
TOTAL	0.	25,813.	18,086.	23,193.	9,741.	76,833.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a 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

[X] 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, aggregate 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 aggregate 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 line 2 of its Form 990-PF, 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)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 1,405,915.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3		$ 951,265.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
4		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5		$ 173,501.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

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

Employer identification number: 36-2169139

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	DEVICES, BOOKS, MATERIALS, BRAILLERS, AND EQUIPMENT FOR USE BY STUDENTS AND PROGRAM PARTICIPANTS WHO ARE LEGALLY BLIND.	$ 951,265.	VARIOUS
		$	
		$	
		$	
		$	
		$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

Employer identification number 36-2169139

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

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

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

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

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ________________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________________

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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 XIV.

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 XIV 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 XIV.

Part V **Endowment Funds.** Complete if 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	2,647,691.	2,563,090.	2,892,722.		
b Contributions					
c Net investment earnings, gains, and losses	204,050.	109,162.	-301,186.		
d Grants or scholarships					
e Other expenditures for facilities and programs	28,522.	24,561.	28,446.		
f Administrative expenses					
g End of year balance	2,823,219.	2,647,691.	2,563,090.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 1.2500 %

b Permanent endowment ▶ 50.9000 %

c Term endowment ▶ 47.8500 %

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 XIV the intended uses of the organization's endowment funds.

Part VI **Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		16,598,064.	6,777,117.	9,820,947.
c Leasehold improvements		74,706.	4,945.	69,761.
d Equipment		5,706,357.	4,982,727.	723,630.
e Other		1,022,396.	821,890.	200,506.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				11,121,716.

Part VII Investments - Other Securities. 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) AURORA FUND ALTERNATIVE	2,904,176.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	2,904,176.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,724,595.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,974,451.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,249,856.
4	Net unrealized gains (losses) on investments	4	1,607,005.
5	Donated services and use of facilities	5	16,280.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	73,381.
9	Total adjustments (net). Add lines 4 through 8	9	1,696,666.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-553,190.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	18,684,806.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	1,607,005.		
b	Donated services and use of facilities	2b	49,056.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	4,304,150.		
e	Add lines **2a** through **2d**			2e	5,960,211.
3	Subtract line **2e** from line **1**			3	12,724,595.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12.)*			5	12,724,595.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	19,237,996.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	32,776.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	4,230,769.		
e	Add lines **2a** through **2d**			2e	4,263,545.
3	Subtract line **2e** from line **1**			3	14,974,451.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18.)*			5	14,974,451.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV 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. EARNINGS FROM THE TERM ENDOWMENT PROVIDE FUNDING FOR THE SCHOLARSHIP PROGRAM AND CAPITAL EXPANSION.

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

IN JULY 2006, THE FASB ISSUED FASB INTERPRETATION NO. 48 ("FIN 48")(NOW REFERRED TO AS ASC 740-10-25-6, ("ASC 740")), "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109," WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH THE BROADER CONCEPTS PREVIOUSLY OUTLINED IN ASC 740. THE LIGHTHOUSE ADOPTED ASC 740 AS OF JULY 1, 2009. ASC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT AND PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN 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.

Part XIV Supplemental Information *(continued)*

THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE LIGHTHOUSE IS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. THE TAX YEARS 2008, 2009 AND 2010 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ADOPTION OF ASC 740 DID NOT HAVE ANY IMPACT ON THE LIGHTHOUSE'S FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART XI, LINE 8

OTHER

CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS....$73,381

TOTAL...$73,381

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

OTHER

CHANGE IN VALUE IN SPLIT INTEREST AGREEMENTS....$73,381

COST OF GOODS SOLD...........................4,230,769

TOTAL.......................................$4,304,150

Part XIV Supplemental Information *(continued)*

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

OTHER

COST OF GOODS SOLD............................$4,230,769

TOTAL...$4,230,769

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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 **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		2,904,176.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total.					2,904,176.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					2,904,176.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐

Part II can be duplicated if additional space is needed.

1

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . ▶

36-2169139

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

		Yes	No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*		X
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*		X
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)*		X
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	X	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*		X
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*		X

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART IV

FOREIGN FORMS - QUESTION 4

THE CHICAGO LIGHTHOUSE OWNS AN INTEREST IN A PFIC; HOWEVER, IT DOES NOT MEET THE REQUIREMENTS NECESSARY FOR FILING A FORM 8621.

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. ▶ See separate instructions.

OMB No. 1545-0047
2010
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? Yes	No	(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
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 ANNUAL DINNER (event type)	(b) Event #2 ASSOC BD HOUSE (event type)	(c) Other Events 5. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	278,394.	60,289.	107,450.	446,133.
	2 Less: Charitable contributions	195,955.	59,516.	61,343.	316,814.
	3 Gross income (line 1 minus line 2)	82,439.	773.	46,107.	129,319.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	10,895.		13,738.	24,633.
	6 Rent/facility costs			4,000.	4,000.
	7 Food and beverages	65,360.	1,105.	22,714.	89,179.
	8 Entertainment			3,750.	3,750.
	9 Other direct expenses	13,683.	11,317.	19,092.	44,092.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(165,654.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-36,335.

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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

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: ____________

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

b If "Yes," explain: ____________

11 Does the organization operate gaming activities with nonmembers? . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ______________________________

Address ▶ ______________________________

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______________ and the amount of gaming revenue retained by the third party ▶ $ ______________.

c If "Yes," enter name and address of the third party:

Name ▶ ______________________________

Address ▶ ______________________________

16 Gaming manager information:

Name ▶ ______________________________

Gaming manager compensation ▶ $ ______________

Description of services provided ▶ ______________________________

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2010
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 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? . . . . . [X] 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. Check this box if no one recipient 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 . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

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

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	27.	51,503.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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 EXECUTIVE DIRECTOR 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

36-2169139

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, and any other additional information.

PROGRAM MANAGER 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

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, and any other additional information.

THIS GROUP FOR UNDERGRADUATE, GRADUATE, VOCATIONAL OR OTHER CERTIFICATE OR TRAINING PROGRAMS. 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 THROUGH 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

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, and any other additional information.

ARE AWARDED BASED ON OUTCOME OF REVIEW PROCESS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

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

			Yes	No
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. ☐ First-class or charter travel ☐ Travel for companions ☒ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (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	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed 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 from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JANET SZLYK	(i)	185,925.	0.	14,647.	3,127.	212.	203,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 1A

RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

THE ITEMS ABOVE, EXCEPT FOR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS, ARE NOT EXPENSES NORMALLY REIMBURSED BY THE LIGHTHOUSE. THE ONLY TIME THE LIGHTHOUSE MIGHT REIMBURSE FOR THESE OTHER EXPENDITURES WOULD BE IF THE BOARD SPECIFICALLY AUTHORIZED SUCH FOR A SPECIFIC INDIVIDUAL. THIS WOULD BE EXECUTED ONLY WITH A WRITTEN AUTHORIZATION. REGARDING TAX INDEMNIFICATION AND GROSS-UP PAYMENTS, THESE PAYMENTS ARE GENERALLY SMALL AMOUNTS, DEEMED TO BE IMMATERIAL, FOR THE PERSONAL USE OF CELL PHONES. CELL PHONES ARE SUPPLIED TO INDIVIDUALS BASED ON SPECIFIC NEEDS AND ARE AUTHORIZED BY EXECUTIVE MANAGEMENT.

FOR THOSE LISTED ON FORM 990, PART VII, SECTION A, CHICAGO LIGHTHOUSE PROVIDED A CELL PHONE FOR TERRENCE LONGO, JANET SZLYK, AND MARY ZABELSKI.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

Open To Public Inspection

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

Employer identification number 36-2169139

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3.	5,864.	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	1.	195.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(ATCH 1)		164.	1,105,835.	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 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?	30a		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?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

FORM 990, SCHEDULE M, PART 1, LINE 32A

ORGANIZATION'S USE OF THIRD PARTY TO SELL NONCASH CONTRIBUTIONS

ALL DONATED STOCK RECEIVED BY THE CHICAGO LIGHTHOUSE GOES INTO THE INVESTMENT FUND CUSTODIAN ACCOUNT. OUR INVESTMENT ADVISORS MANAGE THIS ACCOUNT AND THEY HAVE A STANDING INSTRUCTION FROM THE CHICAGO LIGHTHOUSE TO SELL STOCKS IN THE ACCOUNT AS QUICKLY AS ADMINISTRATIVELY POSSIBLE.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AMERICAN PR HSE	X	0.	951,265.	ACTUAL COST
SOFTWARE	X	1.	85,588.	FMV
OTHR PROG MATRL	X	2.	30,796.	ACTUAL COST
AUCTION/RAFFLE	X	157.	28,877.	FMV
PROG SUPPLIES	X	3.	5,309.	FMV
VENUE	X	1.	4,000.	FMV
TOTALS		164.	1,105,835.	

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

2010

Open to Public Inspection

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

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

THE CHILDREN'S DEVELOPMENT CENTER OF THE CHICAGO LIGHTHOUSE PROVIDES SERVICES TO CHILDREN BETWEEN THE AGES OF 3 AND 21, WHO ARE BLIND, VISUALLY IMPAIRED AND/OR MULTI-DISABLED. SERVICES INCLUDE DAILY LIVING SKILLS, EDUCATIONAL AND RECREATIONAL ACTIVITIES AND PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY. 22 CHILDREN WERE SERVED IN THE CHILDREN'S DEVELOPMENT CENTER DURING FY11, WITH EXPENSES OF $1,291,896 AND REVENUES OF $1,421,347.

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 IMPAIRMENTS, AS WELL AS AN AVENUE FOR INTERNSHIPS IN THE CUSTOMER SERVICE FIELD. DURING FY11, 20 PEOPLE WITH VISUAL IMPAIRMENTS MAINTAINED EMPLOYMENT VIA THESE CONTRACTS. EXPENSES FOR THIS GROUP OF PROGRAMS WERE $990,003 AND REVENUES WERE $1,215,334.

INDEPENDENT LIVING SERVICES AT THE CHICAGO LIGHTHOUSE INCLUDE PROGRAMS

WHICH ARE DESIGNED TO MAXIMIZE INDEPENDENT LIVING FUNCTIONS IN THE HOME, WORKPLACE AND COMMUNITY AT LARGE. THE ADULT LIVING SKILLS PROGRAM ADMINISTERS LESSONS IN DAILY LIVING, ACADEMICS AND PRE VOCATIONAL TRAINING TO ITS PARTICIPANTS. AS PART OF THEIR DAILY ACTIVITIES, PROGRAM PARTICIPANTS JOIN TOGETHER TO PERFORM AS THE CHICAGO LIGHTHOUSE VISION QUEST MUSIC GROUP. THEY ALSO TAKE PART IN RECREATION AND SOCIAL ACTIVITIES. MOBILITY TRAINING PROGRAM ALLOWS FOR INDEPENDENCE WHEN TRAVELLING. CHICAGO-LAND RADIO INFORMATION SERVICE (CRIS) PROVIDES DAILY READINGS OF NEWSPAPERS AND PERIODICALS, THROUGH USE OF VOLUNTEER READERS WHO READ VERBATIM FROM LOCAL PERIODICALS AND BROADCAST VIA SPECIAL RECEIVERS PLACED IN HOMES AND OTHER COMMUNITY LOCATIONS AS REQUESTED. SPECIAL INTEREST PROGRAMMING IS DEDICATED TO THE NEEDS AND INTERESTS OF PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED. THE BEACON RADIO SHOW AIRS WEEKLY AND PROVIDES TOPICS OF INTEREST TO THE BLIND COMMUNITY. 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. CRIS ESTIMATES THAT DURING FY11 LISTENERS NUMBERED 42,891. 14,195 PEOPLE ENGAGED IN INFORMATION AND REFERRAL SERVICES. ALL OTHER PROGRAMS IN THIS SECTION SERVED 236 PEOPLE DURING FY11. TOGETHER, EXPENSES FOR THIS GROUP OF SERVICES WERE $709,530 AND REVENUES WERE $425,923.

THE CHICAGO LIGHTHOUSE BIRTH TO THREE FAMILY INTERVENTION PROGRAM

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

PROVIDES HOME-BASED AND CENTER-BASED SERVICES TO FAMILIES WITH CHILDREN, FROM BIRTH TO THREE YEARS OF AGE, WHO HAVE BEEN IDENTIFIED OR DIAGNOSED WITH VISUAL IMPAIRMENTS. THE LIGHTHOUSE STAFF AND FAMILY MEMBERS WORK TOGETHER DURING A CHILD'S EARLY STAGES OF LIFE TO ENCOURAGE AND GUIDE THROUGH THE NATURAL STAGES OF PHYSICAL, SOCIAL, COGNITIVE AND EMOTIONAL DEVELOPMENT. SERVICES INCLUDE DEVELOPMENTAL THERAPY, VISION ASSESSMENTS, EVALUATIONS, OPTOMETRIC EXAMINATIONS THROUGH OUR LOW VISION CLINIC, OCCUPATIONAL THERAPY, TRANSPORTATION, SOCIAL WORK AND PSYCHOLOGICAL SERVICES. DURING FY11 THE BIRTH TO THREE PROGRAM SERVED 163 CHILDREN AND THEIR FAMILIES. EXPENSES WERE $484,330 AND REVENUES WERE $134,425.

EMPLOYMENT SERVICES PROVIDES ASSISTANCE TO PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND AS THEY PREPARE FOR AND SECURE EMPLOYMENT. THIS 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. THE COMMUNICATIONS CENTER PROVIDES TRAINING FOR INDIVIDUALS IN THE AREA OF CUSTOMER SERVICE AND APPOINTMENT TAKING. PAID INTERNSHIPS ARE AVAILABLE FOR THOSE WHO ARE INTERESTED IN THIS TYPE OF WORK, FUNDED BY A CITY OF CHICAGO GRANT.

DURING FY11 199 PEOPLE RECEIVED TRAINING AND OTHER SERVICES FROM THESE ACTIVITIES AND 178 PLACEMENTS WERE MADE. 5,386 CUSTOMERS WERE SERVED VIA INCOMING CALLS TO THE LIGHTHOUSE, ANSWERED BY THE CALL CENTER INTERNS. EXPENSES WERE $467,344 AND REVENUES WERE $163,877.

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. DURING FY11 THE VOCATIONAL TRAINING PROGRAMS PROVIDED SERVICES TO 206 PEOPLE. EXPENSES WERE $427,423 AND REVENUES WERE $186,593.

ADAPTIVE TECHNOLOGY AND NATIONAL HELP DESK DEPARTMENTS UTILIZE ASSISTIVE COMPUTER HARDWARE AND SOFTWARE TO HELP INDIVIDUALS MEET THE CHALLENGES OF A VISUAL IMPAIRMENT. SERVICES INCLUDE EVALUATING THE TECHNOLOGICAL NEEDS OF A PERSON WHO IS VISUALLY IMPAIRED OR BLIND AS IT 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. DURING FY11, 914 PEOPLE WERE SERVED. EXPENSES WERE $265,557 AND REVENUES WERE $39,121.

ARRA EMPLOYMENT PROGRAMS FOR YOUTH AND ADULTS WITH VISUAL DISABILITIES PROVIDED CAREER GUIDANCE AND JOB SEARCH ASSISTANCE FOR THE POPULATION INDICATED. YOUTH ALSO RECEIVED TRAINING ON GPS DEVICES TO ASSIST IN INDEPENDENT TRAVEL TO AND FROM JOB INTERVIEWS AND EVENTUAL WORK SETTINGS. THESE PROGRAMS SERVED 60 PEOPLE DURING FY11, INCURRING EXPENSES OF $243,817 AND REVENUE OF $2,000.

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. A TOURIST SHOP AT NAVY PIER WAS OPENED AT THE END OF THIS FISCAL YEAR. THIS PROGRAM HIRES INDIVIDUALS WHO ARE EITHER BLIND OR VISUALLY IMPAIRED AND PROVIDES THEM WITH TRAINING AND EQUIPMENT TO ENABLE EASE, EFFICIENCY AND PRODUCTIVITY. 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. 5 PEOPLE HAVE BEEN PROVIDED EMPLOYMENT IN THESE OPERATIONS DURING FY11. EXPENSES TOTAL $174,819, WITH REVENUE OF

$46,865.

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. DURING FY11, 187 PEOPLE WERE SERVED IN THESE ACTIVITIES. EXPENSES WERE $149,387 AND REVENUES WERE $250.

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. MONTHLY LUNCHEONS PROVIDE OPPORTUNITIES TO SOCIALIZE, NETWORK AND EXCHANGE RESOURCES AND IDEAS. DURING FY11 THIS PROGRAM SERVED 252 PEOPLE. EXPENSES WERE $137,268 AND REVENUES WERE $0.

FORM 990, PART III, LINE 4D (CONT.)

OTHER PROGRAM SERVICES

YOUTH PROGRAMS PROVIDE YEAR-ROUND INDIVIDUAL ATTENTION TO STUDENTS BETWEEN THE AGES OF 14 AND 24, AS THEY ENCOUNTER QUESTIONS AND ISSUES RELATING TO CAREER DEVELOPMENT, SCHOOLING, VOCATIONAL TRAINING, AND TRANSITION INTO THE WORK FORCE. THE CHICAGO LIGHTHOUSE SCHOLARSHIP PROGRAM PROVIDES SCHOLARSHIPS TO STUDENTS PURSUING UNDERGRADUATE, GRADUATE, AND POST GRADUATE STUDIES, AS WELL AS VOCATIONAL TRAINING

PROGRAMS. IN FY11 174 PEOPLE WERE SERVED IN OUR YOUTH AND SCHOLARSHIP PROGRAMS. EXPENSES WERE $91,933, WITH GRANTS (SCHOLARSHIPS) OF $51,503 AND REVENUES WERE $1,260.

THROUGH SEPTEMBER 30, 2010, THE WORK ACTIVITIES CENTER PROVIDED VOCATIONAL WORK ACTIVITIES, PEER INVOLVEMENT, CONTACT WITH THE COMMUNITY, RECREATIONAL AND LEISURE-TIME ACTIVITIES AND AN OPPORTUNITY FOR PARTICIPANTS TO DEVELOP THEIR PERSONALITIES THROUGH ADEQUATE SOCIAL FUNCTIONING, INDEPENDENT LIVING SKILLS, REHABILITATION AND TRAINING. DURING FY11 33 PARTICIPANTS TOOK PART IN ACTIVITIES PROVIDED BY THIS PROGRAM. EXPENSES WERE $46,575 AND REVENUES WERE $0.

DURING FY11, A BUILDING WAS PURCHASED IN THE NORTH SUBURBS, MADE POSSIBLE BY A MAJOR FOUNDATION, WHICH WILL ENABLE SERVICES TO BE PROVIDED AT A LOCATION MORE CONVENIENT TO PEOPLE IN THAT AREA. IT IS EXPECTED THAT LOW VISION, ADAPTIVE TECHNOLOGY, SENIORS PROGRAMS, AND LEGAL SERVICES, AS WELL AS CHILDREN/YOUTH ENRICHMENT PROGRAMS WILL BEGIN DURING FY12. OPERATIONS COSTS FOR START-UP WERE $43,318.

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

FORM 990 REVIEW PROCESS

FORM 990 IS DISTRIBUTED AMONG ALL MEMBERS OF THE BOARD OF DIRECTORS, EITHER VIA EMAIL OR HARD COPY, DEPENDING ON THE PREFERRED METHOD OF COMMUNICATION. FINANCE COMMITTEE, WHO HAS RESPONSIBILITY FOR REVIEWING ALL FINANCIAL TRANSACTIONS OF THE AGENCY, WILL REVIEW THE MISSION STATEMENT, THE PROGRAM ACTIVITIES, REPORT OF COMPENSATION AND THE

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

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 IS 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 EXECUTIVE DIRECTOR, 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 INFORMATION WAS GATHERED FROM THE ORGANIZATIONS --- SALARY,

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

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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. 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 FORM 990T PUBLICLY AVAILABLE

THE ORGANIZATION POSTS ITS FORM 990 AND FORM 990-T 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

ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND POLICIES 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 PUBLISHED WITHIN THE ANNUAL REPORT.

FORM 990, PART XI, LINE 5

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

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS $73,381

DONATED SERVICES AND USE OF FACILITIES 16,280

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.............1,607,005

TOTAL...$1,696,666

ATTACHMENT 1

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

THE CHICAGO LIGHTHOUSE, A NOT-FOR-PROFIT AGENCY, STRIVES TO PROVIDE THE HIGHEST QUALITY EDUCATIONAL, CLINICAL, VOCATIONAL, AND REHABILITATION SERVICES FOR CHILDREN, YOUTH AND ADULTS WHO ARE BLIND OR VISUALLY IMPAIRED, INCLUDING DEAF-BLIND AND MULTI-DISABLED.

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.

ATTACHMENT 2

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

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, ADDED IN FY11, PROVIDE COMPREHENSIVE DIAGNOSTIC, REHABILITATIVE, CLINICAL, PSYCHOLOGICAL, OPTOMETRIC AND OPHTHALMOLOGICAL SERVICES, AS WELL AS RESEARCH, IN THE FIELD OF LOW VISION. SERVICES ARE PROVIDED TO

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

Employer identification number 36-2169139

ATTACHMENT 2 (CONT'D)

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 ALSO ENGAGES IN CUTTING EDGE RESEARCH ACTIVITIES TO DEVELOP NEW METHODS OF VISION REHABILITATION. DURING FY11, PATIENTS, PARTICIPANTS, AND CONSUMERS NUMBERED 5,338. EXPENSES WERE $2,236,749 AND REVENUES WERE $1,010,490.

ATTACHMENT 3

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

THE INSTRUCTIONAL MATERIALS CENTER FOR THE STATE OF ILLINOIS IS

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

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ATTACHMENT 3 (CONT'D)

ADMINISTERED BY THE CHICAGO LIGHTHOUSE, FUNDED THROUGH THE ILLINOIS STATE BOARD OF EDUCATION, AS WELL AS 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 CCTV'S, 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. 4,360 STUDENTS RECEIVED BOOKS, EQUIPMENT OR SUPPLIES DURING FY11.

ATTACHMENT 4

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

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, AND IN THE MANUFACTURING OF DRY ERASE BOARDS, PLANNERS, AND ON A CLOCK LINE WHICH PRODUCES CLOCKS FOR THE FEDERAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE LIGHTHOUSE ALSO SUPPLIES THE VETERANS ADMINISTRATION WITH LOW VISION DEVICES AND ADAPTIVE TECHNOLOGY ITEMS. THE VA, IN TURN, PROVIDES THESE DEVICES TO VETERANS WHO ARE BLIND OR VISUALLY IMPAIRED. EMPLOYMENT IS PROVIDED, AS WORKERS, TAKE, FILL AND SHIP ORDERS. THE RECIPIENTS

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

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ATTACHMENT 4 (CONT'D)

OF THE GOODS ARE ALSO COUNTED AS PEOPLE SERVED. DURING FY11, 42 PEOPLE WERE PROVIDED EMPLOYMENT IN THESE ASPECTS OF LIGHTHOUSE INDUSTRIES AND AN ESTIMATED 2,862 RECEIVED VA GOODS. EXPENSES WERE $1,298,985 AND REVENUES WERE $551,193.

ATTACHMENT 5

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION (1)	(2)	(3)	(4)	(5)	(6)	COMPENSATION FROM (D) ORG.	(E) REL. ORG.	(F) OTHER
29	PAUL RINK SECRETARY FROM 06-15-11	1.00	X		X				0.	0.	0.
30	ROBERT ROURKE DIRECTOR	1.00	X						0.	0.	0.
31	ARTURO SAENZ DIRECTOR	1.00	X						0.	0.	0.
32	PAUL SCHER DIRECTOR	1.00	X						0.	0.	0.
33	RICHARD H. SCHNADIG DIRECTOR FROM 03-16-11	1.00	X						0.	0.	0.
34	DIANA SORFLEET DIRECTOR TO 05-27-11	1.00	X						0.	0.	0.
35	JULIE STARKE DIRECTOR	1.00	X						0.	0.	0.
36	JANET SZLYK PRESIDENT & EXECUTIVE DIRECTOR	40.00	X		X				200,572.	0.	3,339.
37	BRYAN TRAUBERT DIRECTOR	1.00	X						0.	0.	0.
38	DONALD VILIM SECRETARY TO 06-15-11	1.00	X		X				0.	0.	0.
39	WIE XIE DIRECTOR	1.00	X						0.	0.	0.
40	MARY LYNNE JANUSZEWSKI EXECUTIVE VP & CFO	40.00			X				104,641.	0.	31,690.
41	TERRENCE LONGO EXECUTIVE VP & COO	40.00			X				124,833.	0.	3,456.
42	MARY ZABELSKI SR VP EDUCATION PROGRAMS	40.00					X		106,172.	0.	20,374.

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

Employer identification number 36-2169139

ATTACHMENT 6

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SUPER G, INC. 1850 W. ROOSEVELT ROAD CHICAGO, IL 60608	CAFETERIA SERVICES	198,073.
SELECT MEDICAL REHABILITATION SERVICES P.O. BOX 643920 PITTSBURGH, PA 15205	THERAPISTS & ASS'TS	162,828.
UNITED STATIONERS P.O. BOX 75358 CHICAGO, IL 60675	CLOCK REPRESENTATIVE	125,582.
WILLIAM BLAIR & COMPANY 222 W. ADAMS STREET CHICAGO, IL 60606	INVESTMENT ADVISORS	102,780.
TOTAL COMPENSATION		589,263.