THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED Form 990-T for the Year Ended June 30, 2020 Public Disclosure Copy

Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No. 1545-0047			
			0040								
	For ca		2019								
Department of the Treasury Internal Revenue Service	•	► Go to www. Do not enter SSN number		Open to Public Inspection for 501(c)(3) Organizations Only							
A Check box if address changed		- '	Name of organization (Check box if name changed and see instructions.) PHE CHICAGO LIGHTHOUSE FOR PEOPLE WHO								
B Exempt under section	Print	ARE BLIND OR VISU	BLIND OR VISUALLY IMPAIRED								
X 501(c)(3)	Or	Number, street, and room	or suite no. If a P.O. box	, see ir	structions.			ated business activity code nstructions.)			
408(e) 220(e)	Type	1850 W. ROOSEVELT	0 W. ROOSEVELT ROAD								
408A 530(a) 529(a)		City or town, state or prov CHICAGO, IL 6060	ity or town, state or province, country, and ZIP or foreign postal code								
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)	>							
27,418		G Check organization type			501(c) trust	401(a)	trust	Other trust			
H Enter the number of the	organiza	ition's unrelated trades or b	usinesses. NO	NE		the only (or first) un					
trade or business here						complete Parts I-V.					
	-	ace at the end of the previou	s sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	or			
business, then complete			ffiliated annual and a name		diam, as atrallad arraya			s X No			
		poration a subsidiary in an a tifying number of the paren		it-subs	diary controlled group?	► L	Ye	S X NO			
J The books are in care of			Corporation.		Telenh	one number > 3:	12-44	7-3243			
		de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sal	es				, ,	`		` '			
b Less returns and allo	wances		c Balance	1c							
2 Cost of goods sold (Schedule	A, line 7)		2							
3 Gross profit. Subtract				3							
		ch Schedule D)		4a							
		Part II, line 17) (attach Form		4b							
		sts		4c							
		ship or an S corporation (at		5							
				6							
		me (Schedule E)		7 8							
*	•	on 501(c)(7), (9), or (17) or		<u> </u>							
		ome (Schedule I)	- '	10							
		e J)		11							
		ns; attach schedule)		12							
		igh 12		13	0.						
Part II Deduction	ons No	ot Taken Elsewhere De directly connected wi	e (See instructions fo	r limita	ations on deductions.)						
		rectors, and trustees (Sche					14				
							15				
16 Repairs and mainte	nance						16				
17 Bad debts							17				
		ee instructions)					18				
							19				
		562)					046				
		n Schedule A and elsewhere					21b 22				
DepletionContributions to de	ferred co	mpensation plans					23				
							24				
26 Excess readership costs (Schedule J)											
27 Other deductions (a		26 27									
		14 through 27					28	0.			
		ncome before net operating					29	0.			
	-	loss arising in tax years beg	=	-							
							30	0.			
31 Unrelated business	taxable i	ncome. Subtract line 30 fro	m line 29				31	0.			

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

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		otal Unrelated Business Taxab	le Income						
Part				oo instructions)		32			0.
32		unrelated business taxable income computed				33			
33	Amount	s paid for disallowed fringes	1			34	+		0.
34	Charitab	le contributions (see instructions for limitation	rules)			35			
35	Total un	related business taxable income before pre-20	18 NOLs and specific deduction. Subtract	line 34 from the sum of	lines 32 and 33	36			
36	Deduction	on for net operating loss arising in tax years be	eginning before January 1, 2018 (see instr	ucuons)		37			
37	Total of	unrelated business taxable income before spe	cific deduction. Subtract line 36 from line	აე		38		1 (000.
38	Specific	deduction (Generally \$1,000, but see line 38 i	nstructions for exceptions)			30	+		_
39		ed business taxable income. Subtract line 38				39			0.
		smaller of zero or line 37				39			
Part		ax Computation				140	1		0.
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)								
41		axable at Trust Rates. See instructions for ta			_	44	4		
		x rate schedule or Schedule D (Form				41			
42	Proxy ta	x. See instructions				42			
43	Alternat	ive minimum tax (trusts only)				43			
44	Tax on I	Noncompliant Facility Income. See instructio	ns			44			0.
45		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies			45		-	
Part		ax and Payments							
46 a	Foreign	tax credit (corporations attach Form 1118; tru				100			
						- 177			
		business credit. Attach Form 3800				123			
d	Credit fo	or prior year minimum tax (attach Form 8801 o	or 8827)	46d		- 40	-		
е		edits. Add lines 46a through 46d				46e			0.
47	Subtrac	47							
48	Other ta	48		_	0.				
49	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) Total tax. Add lines 47 and 48 (see instructions)								0.
50									<u></u>
		ts: A 2018 overpayment credited to 2019			11,831				
b	2019 es	timated tax payments.				-			
C	Tax dep	osited with Form 8868		51c		30			
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)	51d		-			
е	Backup	withholding (see instructions)		51e		-			
f		or small employer health insurance premiums		51f		- 855			
g	Other cr	edits, adjustments, and payments: 🔲 Fo	orm 2439			130			
			ther Total					11	831.
52	Total pa	yments. Add lines 51a through 51g				52		11,	031.
53	Estimat	ed tax penalty (see instructions). Check if Forn	n 2220 is attached 🕨 📖			53			
54	Tax due	. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed			54		11	831.
55	Overpay	ment. If line 52 is larger than the total of line	s 49, 50, and 53, enter amount overpaid			55			831.
56		e amount of line 55 you want: Credited to 202	20 estimated tax		funded >	56		++,	031.
Parl	t VI	Statements Regarding Certain	Activities and Other informa	(see instru	ctions)			Van I	No
57	At any t	ime during the 2019 calendar year, did the org	panization have an interest in or a signatur	e or other authority				Yes	No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to file				184	-
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter the name of th	e foreign country					х
	here	-			110	_		-	X
58	During 1	the tax year, did the organization receive a dist	tribution from, or was it the grantor of, or	transferor to, a fore	ign trust?				Α
	If "Yes,"	see instructions for other forms the organizat	ion may have to file.					1	
_59	Enter th	e amount of tax-exempt interest received or a	ccrued during the tax year 🕨 🕏	d statements and to the	heet of my knowl	edge an	nd helief it is tru	Р.	
		der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than	this return, including accompanying scriedules an taxpayer) is based on all information of which pre	parer has any knowledg	e.	ougo un	10 201101, 11 10 10		
Sign		0 . 1 . 1					IRS discuss this		/ith
Here		first ship	Date Title	NT & CEO			oarer shown belo	-	No
	,	Signature of officer		Is. 1			PTIN	V-0	140
		Print/Type preparer's name	Preparer's signature	Date	Check		. 1 11/1		
Paid Paid 5/14/2021 self- employed P0066							P00666837	7	
	parer	BRIDGET ROCHE	Winget work		Firmle FIN N	_	36-6055		
	Only	Firm's name ▶ GRANT THORNTON LLI	·		Firm's EIN		- 27 0033		
	•	171 N. CLARK ST			Phone no.	(312) 856-020	0	
		Firm's address > CHICAGO, IL 606	001		T FILOTIC HO.	, , , , ,	Form 9		(2010)
923711	01-27-20						Form 9	JU- 1	(2019)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A					
1 Inventory at beginning of year				Inventory at end of year	r		6		
2 Purchases				Cost of goods sold. Su					
3 Cost of labor	1 1			from line 5. Enter here a	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8					Yes	No
b Other costs (attach schedule)				property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions) 1. Description of property	(From Real	Property and	Per	sonal Property Lo	ease	d With Real Prop	erty)	
(1)									
(2)									
(3)									
(4)									
(+)	2. Rent receiv	ed or accrued							
(a) From personal property (if the percentage of rent for personal property is more than			and personal property (if the percentage personal property exceeds 50% or if to based on profit or income)			3(a) Deductions directly columns 2(a) ar	directly connected with the income in 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.		0.
Schedule E - Unrelated Dek	ot-Financed	Income (see	instru	ctions)					
			2	2. Gross income from or allocable to debt-		3. Deductions directly con to debt-finance		perty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	าร
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	(Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	•		•	-		inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	-
Totals						0			0.
Total dividende-received deductions in							-1-		

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Schedule F - Interest,	Annuities	s, Royal	ties, an					tions	(see ins	struction	s)	
				Exempt (Controlled O	rganizatio	ons					
Name of controlled organization		2. Em identifi num	cation		elated income instructions)	4. Tota paym	. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organ	nizations											
7. Taxable Income	1	related incom	ie (loss)	9 Total	of specified payr	nents	10. Part of colu	mn 9 that	is included	11 De	ductions directly connected	
		ee instructions		0. *****	made		in the controlli			with	n income in column 10	
(1)												
(2)												
(3)												
(4)												
	_						Add colun Enter here and line 8, o		1, Part I, \).		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).	
Totals						<u></u> ▶			0.		0.	
Schedule G - Investme		ne of a S	ection	501(c)(7), (9), or (17) Org	anization					
(see ins	tructions)											
1 . Des	scription of incor	ne			2. Amount of	income	Deductiondirectly connect	ns cted	4. Set-		Total deductions and set-asides	
							(attach sched	lule)	(attach s	schedule)	(col. 3 plus col. 4)	
(1)												
(2)												
(3)												
(4)												
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B).	
Totals				•		0.					0.	
Schedule I - Exploited	Exempt	Activity	Income	Other	Than Adv	-	a Income				<u> </u>	
(see inst	-	, 10 ti. 1 ti.		, •			9					
Description of exploited activity	2. G unrelated income trade or b	business from	directly o with pro of unr	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
(1)	Enter here page 1, line 10, o	Part I,	page 1	re and on , Part I, col. (B).							Enter here and on page 1, Part II, line 25.	
Totals	<u> </u>	0.		0.							0.	
Schedule J - Advertis												
Part I Income From	Periodica	als Repo	orted or	n a Cons	solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (cocol. 3). If a ga		5. Circulatincome		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) (2) (3) (4)												
(2)												
(3)			-									
(4)			-									
Totals (carry to Part II, line (5))	>		0.	0							0.	
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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 . Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

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	- 1
ATTACHMENT	

EIN: 36-2169139

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED

WITH THE PASSAGE OF THE TAX CUTS AND JOBS ACT OF 2017, CONGRESS IMPLEMENTED SECTION 512(a)(7) OF THE INTERNAL REVENUE CODE WHICH SUBJECTS CERTAIN EMPLOYER PROVIDED TRANSPORTATION BENEFITS TO UNRELATED BUSINESS INCOME TAX. FOR THE YEARS ENDED JUNE 30, 2019 THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED CREDITED ITS OVERPAYMENT TO 2019 ESTIMATED TAX IN ANTICIPATION OF FILING A FORM 990-T FOR TAX YEAR 2019. ON DECEMBER 20, 2019 THE TAXPAYER CERTAINTY AND DISASTER RELIEF ACT OF 2019 RETROACTIVELY REPEALED SECTION 512(a)(7). AS SUCH, THE CHICAGO LIGHTHOUSE IS SUBMITTING A 2019 FORM 990-T IN ORDER TO REFUND THE AMOUNT CREDITED TO 2019 ESTIMATED TAX ON THE 2018 990-T AND TO RECAPTURE PREVIOUSLY UTILIZED NOL (SEE ATTACHMENT 2).

ATTACHMENT 2

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED

EIN: 36-2169139

RECAPTURE OF NOL ARISING IN TAX YEARS BEGINNING BEFORE 1/1/2018

FISCAL YEAR		RECAPTURED	NOL	
END	NOL REMAINING	CARRYOVER*	UTILIZED	NOL CARRYFORWARD
6/30/2010	4,123	10,535	_	14,658
6/30/2011	3,781	_	_	3,781
6/30/2012	8,192	_	_	8,192
6/30/2013	10,442	_	_	10,442
TOTAL NOL CARRY	YOVER AVAILABLE			37,073

*NOL ADJUSTMENT FOR THE TAX YEAR ENDED 6/30/2018

THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED ("TAXPAYER") ORIGINALLY FILED FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, FOR THE TAX YEAR ENDING JUNE 30, 2018, REPORTING \$10,535 OF TRANSPORTATION BENEFITS TREATED AS UNRELATED BUSINESS INCOME UNDER IRC SECTION 512(a)(7) UNDER THE TAX CUTS AND JOBS ACT OF 2017 ("TCJA"). IN DECEMBER 2019, CONGRESS REPEALED IRC 512(A)(7) (RELATING TO THE TAXABILITY OF TRANSPORTATION FRINGE BENEFITS) RETROACTIVELY TO THE DATE OF ENACTMENT IN 2017. THE NOL GENERATED FOR THE TAX YEAR ENDED JUNE 30, 2018 HAS BEEN ADJUSTED TO ACCOUNT FOR THE REPEAL OF IRC 512(A)(7).