** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021	
Open to Public	
Inspection	

ΑΙ	For the	2021 calendar year, or tax year beginning JU	L 1, 2021 and	ending J	UN 30, 2022	
	Check if applicable	C Name of organization			D Employer identif	ication number
	Addres	S CHICAGO LIGHTHOUSE INDUSTRIES				
	Name change	D. C. Charles			47-5665042	
F	Initial	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone number	ər
\Box	Final return/	1850 W. ROOSEVELT ROAD			(312) 666-1	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	6,660,356.
	Ameno	ed CHICAGO, IL 60608			H(a) Is this a group	
	Application	F Name and address of principal officer.	SZLYK, PHD		for subordinate	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	
<u>L</u>	Tax-exe			or 527	1	a list. See instructions
		e: WWW.CHICAGOLIGHTHOUSE.ORG/INDUSTR			H(c) Group exempti	
		organization,	sociation Other >	L Year	of formation: 2015	M State of legal domicile: IL
P	art I	Summary	0117030	0 1 1011711	OHER THREE	
ď	1	Briefly describe the organization's mission or most	significant activities: CHICAG	O LIGHTH	JUSE INDUSTRIES	
Governance		PROVIDES REHABILITATION, TRAINING AND			than DEN/ of its not or	nosts
ů	2	Check this box if the organization discor				
Ž	3	Number of voting members of the governing body				
		Number of independent voting members of the gov				
9	5	Total number of individuals employed in calendar y				1
Activities &	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co				
Ac	/ a	Net unrelated business taxable income from Form				
-	D	Net unrelated business taxable income from Form	ood I I die I mio II		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			798,363	1,519,443.
Revenue	9				1,215,385	1,334,791.
Ž.	10	Investment income (Part VIII, column (A), lines 3, 4,			6	0.
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			994,836	816,882.
		Total revenue - add lines 8 through 11 (must equal			3,008,590	3,671,116.
_		Grants and similar amounts paid (Part IX, column (0	
		Benefits paid to or for members (Part IX, column (A			0	
,,	45	Salaries, other compensation, employee benefits (2,211,887	
Exnenses	16a	Professional fundraising fees (Part IX, column (A), I			0	0.
ğ	, b	Total fundraising expenses (Part IX, column (D), lin	e 25) 🕨	0.		244.526
ŭ	11.7	Other expenses (Part IX, column (A), lines 11a-11d	11f-24e)		617,089	
		Total expenses. Add lines 13-17 (must equal Part I			2,828,976	
_	19	Revenue less expenses. Subtract line 18 from line	12		179,614	
5	SBS			В	eginning of Current Year 1,666,227	
Assets	ਬੂ 20	, , , , , , , , , , , , , , , , , , , ,			279,551	
t As	පූ 21	Total liabilities (Part X, line 26)			1,386,676	
Net		Net assets or fund balances. Subtract line 21 from	line 20		1,300,070	
P	art II	Signature Block Ities of perjury, I declare that I have examined this return,	including accompanying echadule	e and statem	ents, and to the hest of n	ny knowledge and belief, it is
Un	der pena	ities of perjury, I declare that I have examined this return, t, and complete. Declaration of preparer (other than offici	nicidumy accompanying schedule	hich orenare	r has any knowledge.	my kilomougo una senen i
tru	e, correc	t, and complete. Declaration of preparer (other than office	ory is based on all information of w	mon proparo	5/251	2023
0:		Signature of officer			Date	
Sig	_	JANET SZLYK, PHD, PRESIDENT & CEO)			
He	ere	Type or print name and title				
_		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Pa	id	BRIDGET T ROCHE	Bridget Ro	cho.	05/10/2023elf-emp	
	eparer	Firm's name GRANT THORNTON LLP			Firm's EIN ▶	36-6055558
	e Only	Firm's address 171 N. CLARK ST, SUITE 2	200			
	•	CHICAGO, IL 60601			Phone no.31	2-856-0200
Ma	v the l	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No

Pa	Till Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	CHICAGO LIGHTHOUSE INDUSTRIES IS ORGANIZED TO CREATE OPPORTUNITIES FOR			
	PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, SPECIFICALLY THROUGH			
	PROVIDING EMPLOYMENT POSSIBILITIES, WHICH WILL FOSTER INDEPENDENCE.			
2	Did the organization undertake any significant program services during the year which were not liste	ed 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	n services?		Yes X No
	If "Yes," describe these changes on Schedule O.			·
4	Describe the organization's program service accomplishments for each of its three largest program	services. as mea	sured by exper	ises.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	•		
	revenue, if any, for each program service reported.	10 01, 1.	io total oxiporio	55, a a
4a	(Code:) (Expenses \$ 1,729,884 · including grants of \$) (Bevenue \$		816,683.)
₹a	THE CHICAGO LIGHTHOUSE INDUSTRIES MANUFACTURING PROGRAM PROVIDES	/ (Neverlue \$ _		, , , , , ,
	REHABILITATION, TRAINING AND EMPLOYMENT FOR PEOPLE WHO ARE BLIND OR			
	VISUALLY IMPAIRED. WORKERS ARE EMPLOYED AT VARIOUS PACKAGING AND			
	ASSEMBLY JOBS, IN THE MANUFACTURE OF BOTH PLANNERS AND CLOCKS FOR THE			
	FEDERAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE WORKERS ASSEMBLE			
	AND PACKAGE FOOTRESTS, BACKRESTS AND MONITOR ARMS, AND PACKAGE COOKING			
	THERMOMETERS FOR THE FEDERAL MARKET, AS WELL. DURING FY22, 31 PEOPLE			
	WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT.			
4b	(Code:) (Expenses \$ 813 , 431 including grants of \$) (Revenue \$ _		743,715.
	CONTRACT MANAGEMENT SERVICES (CMS) PROGRAM OPERATES IN ROCK ISLAND,			
	ILLINOIS. CHICAGO LIGHTHOUSE INDUSTRIES OPERATES AS A SUB-CONTRACTOR			
	FOR NATIONAL INDUSTRIES FOR THE BLIND, EMPLOYING TRAINED CONTRACT			
	CLOSEOUT SPECIALISTS FOR THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR			
	THE MILITARY, THROUGH THE CLOSEOUT PROCESS. DURING FY22, 7 PEOPLE WITH			
	VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS			
	IN THIS PROGRAM.			
4c	(Code:) (Expenses \$ 512,924. including grants of \$) (Revenue \$		515,891.)
	FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE) (Nevenue + _		
	WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES			
	MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR			
	THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS.			
	THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS			
	PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE			
	INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES,			
	·			
	FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE			
	CONTRACTS.			
	DURING FY22, 6 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED			
	EMPLOYMENT UNDER THESE CONTRACTS.			
4d	Other program services (Describe on Schedule O.)		BB 105	
	(Expenses \$ 219,771. including grants of \$) (Revenue \$		75,185.)	
<u>4e</u>	Total program service expenses ► 3,276,010.			000
			Fo	orm 990 (2021)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
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	T.		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U				x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
٨	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	110		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ A
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١
	Schedule D, Parts XI and XII	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 and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	х
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		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a		20a 20b		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			•
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2021) CHICAGO LIGHTHOUSE INDUSTRED Part IV Checklist of Required Schedules (continued)

	· (continued)		V	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	, · · ·	23	х	ı
24 a	Schedule J			
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		ı
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			ı
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ı
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	ļ		
UZ.	,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	х	ı
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	100		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	100		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	ı
Pa		, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	10		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
b				
19a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	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 on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Х	
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?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ı			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	oolicy, and	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶			
	MARK LEON - 312-447-3243				
	1850 W. ROOSEVELT ROAD, CHICAGO, IL 60608				

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

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization no (A)		Jiga	п∠а			ibei	Jack	(D)		(F)
(A) Name and title	(B) Average			Pos	C) ition	1		Reportable	(E) Reportable	(F) Estimated
ivame and title	hours per		not c	heck	more	than o		compensation	compensation	amount of
	week		cer ar					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	trustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tı		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JANET P SZLYK, PHD	8.00	드	드	5	호	포등	요			
PRESIDENT & CEO	32.00	X		Х				0.	400,966.	37,863.
(2) KATHLEEN STOEBERL	8.00	21						· · ·	400,500.	37,003.
EVP & CHIEF BUS DEV OFF (BEG 7/2021)	32.00	-		х				0.	169,699.	28,523.
(3) ALISA R BRILL	8.00									
EVP & CFO (THRU 2/2021)	32,00	-		х				0.	158,208.	23,327.
(4) PAMELA TULLY	8.00								,	,
EVP & COO (THRU 11/2021)	32.00			х				0.	176,667.	4,389.
(5) CHAR BAILEY	40.00									-
DIRECTOR, CONTRACT MGMT SERV(THRU 2/2	0.00					х		132,007.	0.	4,642.
(6) MARK LEON	8.00									
CFO (BEG 5/2022)	32.00			Х				0.	0.	0.
(7) THOMAS POWERS	2.00									
CHAIR	0.00	Х		Х				0.	0.	0.
(8) DONALD BELGRAD	1.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(9) MICHAEL MEEHAN	2.00									
SECRETARY/TREASURER	2.00	Х		Х				0.	0.	0.
(10) ROBERT CLARKE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) THEODORE MAZOLA	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) PETER MILLER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(13) ROBERT PASCAL	1.00									
DIRECTOR (DECEASED 2/2022)	0.00	Х						0.	0.	0.
(14) GARY RICH	2.00							_	_	_
DIRECTOR	2.00	Х						0.	0.	0.
(15) TED WECKER	1.00									
DIRECTOR	0.00	Х	_			_		0.	0.	0.
		ŀ								
										000

	990 (2021) CHICAGO LIGHT									47-56	6504	2	Р	age 8
Pai	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,				
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson is	than of s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	comp fro orga and	pensa om th anizat d relat anizati	ation le tion ted
-														
	Subtotal								132,007.	905,	540.		98.	744.
С	Total from continuation sheets to Part VI	I, Section A							132,007.	905,	0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization							o re	· · · · · · · · · · · · · · · · · · ·	,			,	1
3	Did the organization list any former officer,	director, trusto	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		х
	and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule) J t	for such individual			4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				,			•			5		х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	3100,000 of comp	pensat	tion fro	m	
	the organization. Report compensation for the organization (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.		(C	;)	
	Name and business	address	NO	NE					Description of s	ervices	С	omper		n
					_		_							
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	d to t		se lis O	ted	above) who received mo	ore than				

47-5665042

Part VIII Statement of Re	evenue
-----------------------------	--------

			Check if Schedule O contains	a response o	or note to any line	e in this Part VIII			
			Check if Corlocate C corlicano	a response v	or riote to driy iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									30000013 3 12 3 14
nts	1		Federated campaigns						
Gra			Membership dues						
ts, An			Fundraising events	1 1	1 425 604				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		1,435,684.				
ns, iii			Government grants (contributions)		52,320.				
er S		f	All other contributions, gifts, grants, an		24 422				
έŧ			similar amounts not included above		31,439.				
E E		g	Noncash contributions included in lines 1a-1f	1g \$					
<u>2 g</u>		h	Total. Add lines 1a-1f			1,519,443.			
					Business Code				
ė	2	_	CONTRACT MNGMT SERVICE		561300	743,715.	743,715.		
e Ķ		-	GOVT SERVICE CONTRACTS		561300	515,891.	515,891.		
Sugar		С	DAX SERVICES		561300	75,185.	75,185.		
Program Service Revenue		d							
<u>Б</u> 0.		е							
<u> </u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f			1,334,791.			
	3		Investment income (including divid	ends, intere	st, and				
			other similar amounts)		>				
	4		Income from investment of tax-exe	mpt bond p	roceeds 🕨				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)		>				
	7	а	Gross amount from sales of (i)	Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ne			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Re		d	Net gain or (loss)	<u></u>					
ЭĒ	8	а	Gross income from fundraising events	(not					
₹			including \$	of					
			contributions reported on line 1c).	See					
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraisi	ng event <u>s</u>					
	9	а	Gross income from gaming activities	es. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming a	activities					
	10	а	Gross sales of inventory, less return	ns					
			and allowances	10a					
		b	Less: cost of goods sold	10b	2,989,240.				
		С	Net income or (loss) from sales of i	nventory	>	816,683.	816,683.		
	_				Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS		900099	199.			199.
ane Dut		b							
e e e		С							
Alsc B		d	All other revenue						
_			Total. Add lines 11a-11d			199.			
	12		Total revenue. See instructions			3,671,116.	2,151,474.	0.	199.

132009 12-09-21

47-5665042

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,160,303.	2,160,303.		
8	Pension plan accruals and contributions (include	-,,,-	_,,		
3	section 401(k) and 403(b) employer contributions)	22,369.	22,369.		
9	Other employee benefits	182,288.	182,288.		
10	Payroll taxes	164,306.	164,306.		
11	Fees for services (nonemployees):				
''	Management				
b	Legal				
c	Accounting	20,000.		20,000.	
d	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	133,474.	133,474.		
12	Advertising and promotion	21,838.	21,838.		
13	Office expenses	289,312.	245,915.	43,397.	
14	Information technology	17,715.	17,715.		
15	Royalties				
16	Occupancy	51,222.	51,222.		
17	Travel	6,035.	6,035.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,053.	4,053.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,236.	1,871.	4,365.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	COMMISSIONS & REBATES	262,572.	262,572.		
b	MEMBERSHIPS	354.	354.		
С					
d					
е	All other expenses	1,695.	1,695.		
25	Total functional expenses. Add lines 1 through 24e	3,343,772.	3,276,010.	67,762.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021

Form 990 (2021) Part X Balance Sheet

	l	Check if Schedule O contains a response or	note to any	line in this Part X				
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				408,062.	1	384,252
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				614,678.	4	802,349
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%				
		controlled entity or family member of any of t	hese perso	ns	L		5	
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined				
		under section 4958(f)(1)), and persons descri	bed in secti	on 4958(c)(3)(B)	L		6	
2	7	Notes and loans receivable, net			L		7	
Assets	8	Inventories for sale or use				560,637.	8	683,318
¥	9	Prepaid expenses and deferred charges				7,142.	9	20,694
	10a	Land, buildings, and equipment: cost or other	r					
		basis. Complete Part VI of Schedule D	10a	187	,645.			
	b	Less: accumulated depreciation	10b	73	,594.	75,708.	10c	114,051
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, Iir	ne 11		L		12	
	13	Investments - program-related. See Part IV, li	ne 11		L		13	
	14	Intangible assets			L		14	
	15	Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must e	equal line 33	3)		1,666,227.	16	2,004,664
	17	Accounts payable and accrued expenses			L	233,272.	17	267,273
	18	Grants payable		18				
	19	Deferred revenue				46,279.	19	23,371
	20	Tax-exempt bond liabilities			L		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
ရွ	22	Loans and other payables to any current or for	ormer office	er, director,				
Liabilities		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%				
ia pi		controlled entity or family member of any of t		22				
-	23	Secured mortgages and notes payable to un	related third	d parties			23	
	24	Unsecured notes and loans payable to unrela	ated third pa	arties			24	
	25	Other liabilities (including federal income tax,	payables to	o related third				
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X				
		of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				279,551.	26	290,644
,		Organizations that follow FASB ASC 958, or	check here	X				
Š		and complete lines 27, 28, 32, and 33.						
la l	27					1,386,676.	27	1,714,020
Ba	28	Net assets with donor restrictions					28	
בו		Organizations that do not follow FASB ASC	C 958, chec	ck here 🕨 📖				
ᅵ		and complete lines 29 through 33.						
ts c	29	Capital stock or trust principal, or current fun					29	
SSe	30	Paid-in or capital surplus, or land, building, or					30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated					31	
Se	32	Total net assets or fund balances				1,386,676.	32	1,714,020
	33	Total liabilities and net assets/fund balances				1,666,227.	33	2,004,664 Form 990 (2021

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 on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	785.	333,091.	822,360.	798,363.	1,519,443.	3,474,042.
2	Tax revenues levied for the organ-						
	ization'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	785.	333,091.	822,360.	798,363.	1,519,443.	3,474,042.
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.						3,474,042.
	tion B. Total Support		·	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	785.	333,091.	822,360.	798,363.	1,519,443.	3,474,042.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	35.	120.	11.	6.	0.	172.
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	5,224.	837.	13,418.	0.	199.	19,678.
11	Total support. Add lines 7 through 10	,		,			3,493,892.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	25,542,784.
13	First 5 years. If the Form 990 is for the	•					· · ·
	organization, check this box and stor	_					
Sec	tion C. Computation of Publi						,
14	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, co	olumn (f))		14	99.43 %
15	Public support percentage from 2020					15	99.37 %
16a	33 1/3% support test - 2021. If the o					ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o	organization did not					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		•				
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	-			▶ □
b	10% -facts-and-circumstances test	J		, , , ,			
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						>
	<u> </u>		,	, ,		****	

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(=,/ == - : -	(-7	(=,====	(,	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	() 00/-	# N 00/0	() 22/2	1 , , , , , , ,	(),,,,,,,	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				l		
14 First 5 years. If the Form 990 is for the	· ·		· ·	•	(/ (/)	<i>'</i> —
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2021 (lir	ne 8, column (f), c	divided by line 13,	column (f))		15	(
16 Public support percentage from 2020					16	(
Section D. Computation of Invest	ment Incom	e Percentage				
17 Investment income percentage for 202	21 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	(
18 Investment income percentage from 2	020 Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2021. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and						▶
b 33 1/3% support tests - 2020. If the	=	-		• •		and
line 18 is not more than 33 1/3%, chec	k this dox and 🔊	top nere. The ords	unzauon onannes a	is a budiiciv soon	Offed Organization	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	За		
	3b		
	3с		
L	4a		
	4b		
	4c		
	5a		
	- Cu		
	5b		
	5с		
	6		
	7		
	Q		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
ιιΙα Δ	(Form	n aan)	2021

Par	Tiv Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	3	
	A family member of a person described on line 11a above?)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		4
	detail in Part VI.	<u>; </u>	
Sec	tion B. Type I Supporting Organizations		_
		Yes	No_
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>	tion 6. Type it supporting Organizations		Τ
_	Ways a spaintiful of the appropriation to direct one out to stand during the target of the direct one	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	\bot	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	\perp	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	\bot	_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	't V │ Type III Non-Functionally Integrated 5	609(a)(3) Supporting Orga	inizations (continued)	
Section	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purp	ooses of supported organization:	s 3	
4	Amounts paid to acquire exempt-use assets		4	
	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions		6	
	Total annual distributions. Add lines 1 through 6.		7	
	Distributions to attentive supported organizations to which	ch the organization is responsive	,	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
	7	(i)	(ii)	(iii)
Section	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions	i.		
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result great	er		
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain ir	1		
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS REVENUE
2017 AMOUNT: \$ 5,224.
2018 AMOUNT: \$ 837.
2019 AMOUNT: \$ 13,418.
2020 AMOUNT: \$ 0.
2021 AMOUNT: \$ 199.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

CHI	CAGO LIGHTHOUSE INDUSTRIES	47-5665042					
Organization type (check on	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	3 501(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						
• •	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 Rul	e. See instructions.					
General Rule							
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) a contributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Filine 1. Complete Parts I and II.	d that received from any one					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

CHICAGO LIGHTHOUSE INDUSTRIES

47-5665042

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

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	(b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (h) Description of noncash property given (h) Description of noncash property given (c) FMV (or estimate) (See instructions.)				

Schedule B (Form 990) (2021) Page **4**

Name of or	rganization				Employer identification number			
CHICAGO	LIGHTHOUSE INDUSTRIES				47-5665042			
Part III) through (e) and the following charitable, etc., contributions of \$1,	line entry. For o	rganizations	nat total more than \$1,000 for the year			
(a) No. from	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held			
Part I								
-		(e) Transfer	of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No.	(A) D	()11 6 16		(1) 5				
Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held			
-		(e) Transfer	of gift					
	Transferee's name, address, al	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	:	(d) Desc	ription of how gift is held			
	(e) Transfer of gift							
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
Part I	(b) I dipose of gilt	(0) 000 01 giil	· 	(4) 5000	The state of the s			
		(e) Transfer	of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
	-	-						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

CHICAGO LIGHTHOUSE INDUSTRIES

Employer identification number 47 - 5665042

Pai			Similar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advise	ed funds	(b) Funds and other accounts
4	Total number at and of year	(a) Borior adviso	ou fulfus	(b) I dilas and other accounts
1 2	Total number at end of year			
3	Aggregate value of grants from (during year)			
4				
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in		old in donor advised fun	de
3	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	·		
Pai		ganization answered "Ye	s" on Form 990. Part IV	line 7.
1	Purpose(s) of conservation easements held by the organization		5 511 5111 555, 1 are 17	,
-	Preservation of land for public use (for example, recrea		Preservation of a histo	orically important land area
	Protection of natural habitat		¬	ified historic structure
	Preservation of open space			med meterne et detaile
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contrib	ution in the form of a co	enservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or t	terminated by the organ	
	year >	3	, 3	3
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		tion, handling of	
	violations, and enforcement of the conservation easements it		·······	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	nforcing conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	ts of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statements th	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education	, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	e statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
				•
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, or	Other	Simila	r Assets	(conti	inuea	f)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲	Loan or exc	hange prograi	m					
b	b Scholarly research e Other										
С											
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	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?										
Par	t IV Escrow and Custodial Arran								line 9, o	r	
	reported an amount on Form 990, Par			· ·					,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other asse	ets not in	ncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	Amount										
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on P	art XIII				. [
	Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
		(a) Current year		Prior year	(c) Two years			years back	(e) Fou	ır yea	rs back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1	a. column (a)) held as:						
	Board designated or quasi-endowment	•	%	, ()	,						
b	Permanent endowment ▶										
	· · · · · · · · · · · · · · · · · · ·	 ,-									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	•	ation tha	t are held an	nd administere	ed for the	e organiza	ation			
-	by:									Yes	s No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm			<u></u>							
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990,	Part X, li	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	ok va	lue
	e.	basis (investr			(other)		reciation	II	,,		
1a	Land	`									
	Buildings										
	Leasehold improvements										
	Equipment	I			179,675.		68.	787.		110	,888.
	Other				7,970.			807.			3,163.
	. Add lines 1a through 1e. (Column (d) must e	•	X colun	nn (R) line 11	-						1,051.
. 5	ionaliii ja mast e	quai i oiiii 330, i all	A, COIUII	<u> п. (Ф), IIIС Т</u>	<i></i>			Schodulo	D /Ec:		•

Schedule D (Form 990) 2021

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h 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-vear market value
(1) Financial derivatives	(a) Doon value	(c) memor or randament over or one	or your marries raise
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	1	-	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Col. (b) must equal Form 000, Part V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.))	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line. 2. Liability for uncertain tax positions. In Part XIII, provide	•		

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

47-5665042

4 -	Complete if the organization answered "Yes" on Form 990, Part IV, line			1	6,660,356.
				1	0,000,330.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ء ا			
	Net unrealized gains (losses) on investments			-	
	Donated services and use of facilities			-	
	Recoveries of prior year grants	l l	2 000 240	-	
	Other (Describe in Part XIII.)	-	2,989,240.		0 000 040
	Add lines 2a through 2d			2e	2,989,240.
	Subtract line 2e from line 1			3	3,671,116.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	nvestment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			_
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,671,116.
Part	XII Reconciliation of Expenses per Audited Financial State		Expenses per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			Γ. Ι	C 222 012
	Total expenses and losses per audited financial statements			1	6,333,012.
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a I	Donated services and use of facilities	2a			
b l	Prior year adjustments	2b			
С (Other losses	2c			
d (Other (Describe in Part XIII.)	2d	2,989,240.		
е /	Add lines 2a through 2d			2e	2,989,240.
3 8	Subtract line 2e from line 1			3	3,343,772.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	3,343,772.
Part	XIII Supplemental Information.				
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	ınd 2b; Part V, line 4	; Part X, lir	ne 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
PART	X, LINE 2:				
FIN 4	8 (ASC 740) FOOTNOTE				
CHICA	GO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LE	TTER FROM			
THE I	NTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM F	EDERAL			
INCOM	E TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE	INTERNAL			
REVEN	UE CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING	TO			
UNREL	ATED BUSINESS INCOME. THE FASB ISSUED GUIDANCE THAT REQUI	RES TAX			
	TS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CO	ONSOLIDATED			
EFFEC					
EFFEC					
	CIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN	NOT TO BE			
FINAN					
FINAN	CIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN I				
FINAN					
FINAN					

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CHICAGO LIGHTHOUSE INDUSTRIES

Employer identification number 47-5665042

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

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JANET P SZLYK, PHD	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	314,806.	75,000.	11,160.	6,621.	31,242.	438,829.	0.
(2) KATHLEEN STOEBERL	(i)	0.	0.	0.	0.	0.	0.	0.
EVP & CHIEF BUS DEV OFF (BEG 7/2021)	(ii)	147,976.	20,356.	1,367.	2,935.	25,588.	198,222.	0.
(3) ALISA R BRILL	(i)	0.	0.	0.	0.	0.	0.	0.
EVP & CFO (THRU 2/2021)	(ii)	157,435.	0.	773.	2,723.	20,604.	181,535.	0.
(4) PAMELA TULLY	(i)	0.	0.	0.	0.	0.	0.	0.
EVP & COO (THRU 11/2021)	(ii)	160,885.	14,356.	1,426.	2,891.	1,498.	181,056.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2021

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
SCHEDULE J, PART I, LINE 3:
ESTABLISH COMPENSATION
CHICAGO LIGHTHOUSE INDUSTRIES' EMPLOYEES ARE COMPENSATED BY A RELATED
ORGANIZATION. THE RELATED ORGANIZATION USED THE FOLLOWING TO ESTABLISH
COMPENSATION FOR ALL EMPLOYEES: A COMPENSATION COMMITTEE, FORM 990 OF
OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE
BOARD AND COMPENSATION COMMITTEE.

SCHEDULE 0 (Form 990)

Department of the Treasury

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection
dentification number
65042

Internal Revenue Service Name of the organization **Employer** CHICAGO LIGHTHOUSE INDUSTRIES 47-56 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOR INDIVIDUALS WITH BLINDNESS AND/OR VISUAL IMPAIRMENT. THROUGH ITS MANUFACTURING PROGRAMS AND GOVERNMENT CONTRACTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DIGITAL ACCESSIBLE EXPERIENCE (DAX) CONSULTING SERVICES INCLUDING GRANTS OF \$0.REVENUE \$ 75,185. EXPENSES \$ 219,771. FORM 990, PART VI, SECTION A, LINE 6: ORGANIZATION'S MEMBERS OR STOCKHOLDERS THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, AN IS THE SOLE MEMBER OF CHICAGO LIGHTHOUSE INDUSTRIES. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS WITH POWER TO ELECT GOVERNING BODY THE BOARD SHALL BE COMPOSED OF TEN (10) DIRECTORS ELECTED BY THE CHICAGO LIGHTHOUSE FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, THE SOLE MEMBER OF THE CORPORATION. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS THIS FORM 990 WAS DISTRIBUTED AMONG ALL OF THE LIGHTHOUSE'S BOARD OF DIRECTORS AND AUDIT COMMITTEE FOR THEIR REVIEW BEFORE FINAL FILING OF THE RETURN.

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 **Employer identification number** Name of the organization CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042 EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS ANNUALLY, DIRECTORS SIGN A CONFLICT OF INTEREST FORM AND DISCLOSE AREA(S) OF POTENTIAL CONFLICT. THESE COMPLETED FORMS ARE THEN REVIEWED BY THE PRESIDENT/CEO AND THE BOARD CHAIR. 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. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW AND APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEES FOR THE CHIEF EXECUTIVE OFFICER POSITION AND OTHER KEY POSITIONS. SALARY SURVEY INFORMATION WAS COMPILED USING DATA FROM FORM 990 FROM SIMILAR-SIZE NOT FOR PROFIT ORGANIZATIONS THAT PROVIDE SIMILAR SERVICES AND CHICAGOLAND AREA ORGANIZATIONS, AMONG OTHER SOURCES. THIS INFORMATION IS REVIEWED AND UPDATED REGULARLY, SO THAT SALARY BENCHMARKS CAN BE RE-EVALUATED AS NECESSARY WITH CURRENT DATA. FORM 990, PART VI, SECTION C, LINE 19: OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THE LIGHTHOUSE'S ARTICLES OF INCORPORATION, BY-LAWS, IRS DETERMINATION LETTER, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE FILED WITH THE ILLINOIS ATTORNEY GENERAL'S OFFICE AND ARE AVAILABLE ON THE LIGHTHOUSE'S WEBSITE.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-5665042

(a)	(b)	(c)		(e)	$^{-}$		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	(d) or Total inco	I		Direct o	ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more i	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section			(g) Section 512(b)(13) controlled entity?	
				501(c)(3))			Yes	No
THE CHICAGO LIGHTHOUSE FOR PEOPLE -								
36-2169139, 1850 W. ROOSEVELT ROAD, CHICAGO, IL 60608	EMP FOR BLIND	ILLINOIS	501(C)(3)	LINE 7	N/A			Х
	_							
	_							

CHICAGO LIGHTHOUSE INDUSTRIES

	11 00 0 10 10 10 10 T 11 D 1 11	O I - t - 'f th t'	IIX/II F 000	D - + N/ P 0.4	to a construction of the construction	and the second contract of the second
D 111	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990.	Part IV. line 34.	because it had oi	he or more related
		1	,	, , ,		
	organizations treated as a partnership during the tax year.					
	99 , , , , , ,					

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country) (d) Direct controlling entity exception		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name address and FIN	(b) (c) Primary activity Legal domicile		(d) Direct controlling	g Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Section 512(b)(13) controlled entity?			
Name, address, and EIN of related organization	1 mary donvity	(state or foreign		or entity (C corp, S corp,		end-of-year assets	Percentage ownership				
		country)						Yes	No		
	1										
		•	·				•	•			

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1	During the tax year, did the organization engage in any of the following transactions with	vith one or more re	lated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)						
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)						
m	Performance of services or membership or fundraising solicitations by related organization	ation(s)			1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization((s)			1n	Х	
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q	Х	
r	Other transfer of cash or property to related organization(s)				1r	Х	
	· · · · · · · · · · · · · · · · · · ·				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete thi	is line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
(1)							
(2)							
(3)							
(4)							
/E\							
(5)							

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Yes No

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Gener mana partn	(Hal or Perce ping owne	k) entage ership
								Ochodolo			