** PUBLIC DISCLOSURE COPY ** 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2022 calendar year, or tax year beginning JUL 1, 2022 and en	nding J	JN 30, 2023						
В	Check if applicable	C Name of organization		D Employer ident	tification number					
	Addres change									
	Name change	B. Laud		47-566504	12					
	Initial return	Number and street (or P.U. box if mail is not delivered to street address) 1850 W. ROOSEVELT ROAD (312) 666-1331								
	Final return/									
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,948,131.					
	Amend return	CHICAGO, II 00000		H(a) Is this a group						
	Applica tion	F Name and address of principal officer, server server, server		for subordinat	tes? Yes X No					
	pendin	SAME AS C ABOVE		H(b) Are all subordinate						
	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		a list. See instructions					
	Websit			H(c) Group exemp						
		organization: X Corporation Trust Association Other	L Year	of formation: 2015	M State of legal domicile: IL					
P		Summary								
a	1 1	Briefly describe the organization's mission or most significant activities: CHICAGO I	LIGHTHO	USE INDUSTRIES						
Governance	P 1	PROVIDES REHABILITATION, TRAINING AND EMPLOYMENT (SEE SCHEDULE								
ru	2 (Check this box if the organization discontinued its operations or disposed			1					
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)			8 7					
8 9	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			7					
es	5	otal number of individuals employed in calendar year 2022 (Part V, line 2a)								
Σį	6	Total number of volunteers (estimate if necessary)		,	<u> </u>					
Activities &	7 a ~	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.					
_	bl	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year					
				1,519,443						
ne	8 (Contributions and grants (Part VIII, line 1h)		1,334,791						
Revenue	9	Program service revenue (Part VIII, line 2g)			8,706.					
Rev.	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		816,882						
	וון ו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,671,116						
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		2,529,266						
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)			0.					
Expenses	10a i		0.							
EXC	170	Otal Idridraising expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		814,506	2,316,677.					
	'' '	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1	3,343,772						
		Revenue less expenses. Subtract line 18 from line 12		327,344						
-5	y 19 1	15 Vertice 1655 experises. Oubtract line 10 from line 12	Beg	ginning of Current Yea						
ots C	20	otal assets (Part X, line 16)		2,004,664	2,269,641.					
ASSI	21	Total liabilities (Part X, line 26)		290,644	427,351.					
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		1,714,020	1,842,290.					
P	art II	Signature Block								
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	nts, and to the best of	my knowledge and belief, it is					
true	e, correct	, and complete. on of preparer (other than officer) is based on all information of which prepare	er has any p	cnowledge.						
		gant sifist, PhD		4/30	DY.					
Sig	ın [Signature of officer		Date *	•					
He	1.	ANET SZLYK, PHD, PRESIDENT & CEO								
		Type or print name and title		w.						
		Print/Type preparer's name Bridget Koche	2	19/19/16/2024 Check	PTIN					
Pai	đ [Print/Type preparer's name Bridget Rocks		self-em	4-41-					
Pre	parer	Firm's name GRANT THORNTON LLP		Firm's EIN	36-6055558					
Use	Only	Firm's address 171 N. CLARK ST, SUITE 200								
		CHICAGO, IL 60601		Phone no. 3	12-856-0200					
Ма	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No					

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1850 W. ROOSEVELT ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. CHICAGO, IL 60608 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MARTHA CHARYSH Telephone No. ▶ 312-997-3648 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box
and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year , and ending JUN 30, 2023 ► X tax year beginning JUL 1, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2022)

instructions

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

Check if Schedule Contains a response or not to say line in this Part III	Pa	rt III Statement of Program Service Accomplishments		
CHICAGO LIGHTSOOSE INDUSTRIES IS GREANIZED TO CREATE OFFORTWATTER FOR PROVIDING EMPLOYMENT POSSIBILITIES, WHICH WILL FOSTER INDEPENDENCE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980 E27 If Yes, Garcine these changes an Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?				X
PROPLE WHO ARE BLIND OR VISUALIZY INPACED, SPECIFICALLY THROUGH PROVIDING EMPLOYMENT POSSIBILITIES, WILCH WILL FOSTER INDEPENDENCE. 2 Did the organization undouteke any significant program services during the year which were not listed on the prior form 90 or 990 E27 If "Yes," describe these new services on Schedule O. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services as "Schedule O. 4 Obscribe the organization services on Schedule O. 5 Describe the organization services on Schedule O. 6 Describe the organization services on Schedule O. 6 Describe the organization services on Schedule O. 7 Describe the organization services on Schedule O. 8 Section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, after a property of the section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and the section 501c(s) and 501c(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and the section 501c(s) organization orga	1	,		
Did the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 900-E27				
Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E27 If Yes, "describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		·		
prior Form 990 or 990-627 Yes No 11 Yes, 'describe these new services on Schedule O.		,		
If "Yes," describe these new services on Schedule O.	2	Did the organization undertake any significant program services during the year which were not listed	on the	
If "Yes," describe these new services on Schedule O. If 'Yes," describe the conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	[Yes X No
H "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (code) (leagness 2, 212, 115. including grants of 0.) (herenes 2, 2, 612, 037.) THE CHICAGO LIGHTHOUSE INDUSTRIES MANUFACTURING PROGRAM PROVIDES 0.) (herenes 2, 2, 612, 037.) THE CHICAGO LIGHTHOUSE INDUSTRIES MANUFACTURING PROGRAM PROVIDES 0.) (herenes 2, 2, 612, 037.) THE CHICAGO LIGHTHOUSE INDUSTRIES MANUFACTURING PROGRAM PROVIDES BELIAN OR VISUALLY IMPAIRED, WORKERS ARE EMBLOYED AT VARIOUS PACKAGING AND ASSEMBLY JOBS, IN THE MANUFACTURE OF BOTH PLANNERS AND CLOCKS FOR THE FEDERAL ACCOMPANY OF BOTH PLANNERS AND CLOCKS FOR THE FEDERAL COVERNORMANY AND PACKAGE PROVIDED THE PROMERSES FOR THE PEDERAL MARKET, AS WELL DURING PY23, 62 PROPILE WITH VISUAL AND OTHER COMMERCIAL MARKETS, THE WORKERS ASSEMBLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. 4b (code) (Encourse) 690,360. including grants of 0.) (Revenue \$ 696,061.) (CONTRACT MANAGEMENT SERVICES (CMS) FROGRAM OPERATES IN ROCK ISLAND, ILLINOIS, CHICAGO LIGHTHOUSE INDUSTRIES OPERATES AS A SUB-CONTRACTOR FOR NATIONAL INDUSTRIES FOR THE BELIAND, EMPLOYING TRAINED CONTRACT CLOSEOUT SPECIALISTS FOR THE PERPOSE OF DB-COLLIGATING UNSERN YUNDED FOR THE MILITARY, THROUGH THE CLOSEOUT PROCESS, DURING FY23, 8 PROPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4c (code) (Encourse) 400,952. including grants of 0.) (Revenue \$ 0.) (Re				
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (coox) (expenses2,512,115. Including grants of S	3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
Section 501(s)(3) and 501(s)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (code) (Expenses 2,512,115, including grants of 5 0.) (Revenue 5 2,612,037.) THE CRICAGO LIGHTHOUSE INDUSTRIES MANUFACTURING PROVIDES RERBABLITATION, TRAINING AND EMPLOYMENT FOR PROPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WORKERS ARE EMPLOYED AT VARIOUS PACKAGING AND ASSEMBLY JORS, IN THE MANUFACTURE OF BOTH PLANKERS AND CLOCKS FOR THE PEDBRAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE WORKERS ASSEMBLE AND PACKAGE FOOTRESTS, BACKRESTS AND MONITOR ARMS, AND PACKAGE COOKING THERMOMERERS FOR THE PEDBRAL MARKET, AS WELL, DURIND FY23, 62 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. 4b (Code) (Expenses 690,360, including grants of 9 0.) (Revenue 5 696,061.) CONTRACT MANAGEMENT SERVICES (CMS) PROGRAM OPERATES IN ROCK ISLAND, ILLINOIS, CRICAGO LIGHTHOUSE INDUSTRIES OPERATES AS A SUB-CONTRACTOR CONTRACT MANAGEMENT SERVICES (CMS) PROGRAM OPERATES IN ROCK ISLAND, ILLINOIS, CRICAGO LIGHTHOUSE INDUSTRIES OPERATES AS A SUB-CONTRACTOR CONTRACT MANAGEMENT SERVICES (CMS) PROGRAM OPERATES IN ROCK ISLAND, ITHE MILITARY, TERROGRAM THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY, TERROGRAM THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY, TERROGRAM THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY, TERROGRAM THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THESE POSITIONS AND MANAGING SUCK CONTRACTS, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4c (code) (Expenses 400,952, including grants of 8 0.) (Revenue 8 569,300.) FEDBRAL GOVERNMENT SERVICE CONTRACTS, AS WELL AS VETERANS, THE MORK IS PERPOXEDED IN CAMPACION, ILLINOIS, WHERE REPUBLIES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANIFORMAL, AND WAREHOUSTING ACTIVITIES, PULFILLIUM THE REQUIREMENTS OF TWO FEDBRAL GOVERNMENT SERVICE CONTRACTS. DURING PROJUBLEMENTS OF TWO FEDBRAL GOVERNMENT SERVICE CONTRACTS. DUR		If "Yes," describe these changes on Schedule O.		
Terewous, if any, for each program service reported. 40 (Code:	4		•	
40 (Code (Expenses 2,512,115 columny provided (Code Expenses 2,612,037.) THE CHICAGO LIGHTHOUSE INDUSTRIES MANUFACTURING PROORAM PROVIDES REHABILITATION, TRAINING AND BEPLOYMENT FOR PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WORKERS ARE EMPLOYED AT VARIOUS PACKAGING AND ASSEMBLY JORS, IN THE MANUFACTURE OF BOTH FLANKERS AND ECCENS FOR THE FEDERAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE WORKERS ASSEMBLE AND PACKAGE FOOTRESS, BACKERSSTS, AND MONITOR ARMS, AND PACKAGE COOKING THERMOMETERS FOR THE FEDERAL MARKET, AS WELL, DURING FY23, 62 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. 40 (Code) (Expenses 690,360, including gambs of 0,) (Revenue 5 CONTRACT MANAGEMENT SERVICES (CMS) PROGRAM OPERATES IN ROCK ISLAND, ILLINOIS, CHICAGO LIGHTHOUSE INDUSTRIES OPERATES AS SUB-CONTRACTOR FOR NATIONAL INDUSTRIES FOR THE BURN, EMPLOYING TRAINED CONTRACT CLOSEOUY SPECIALISTS FOR THE FURDOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY, THROUGH THE CLOSEOUT PROCESS, DURING FY23, 8 PROPIE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOSS IN THIS PROGRAM. 4c (Code) (Expenses 400,952, including gambs of 0,) (Revenue 8 FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOSS FOR QUALIFIED PROPIE MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRITIDE FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS, THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRITIDE FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS, THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES THE MORE IS PERFORMED IN CHAMPAIGN, LILLINOIS, WHERE EMPLOYEES OF CHICAGO LICHTHOUSE INDUSTRIES ARE BRIGGED IN JANIFORDLAL AND MERBEROUSING ACCTUVITIES, PULPILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. 4d Other program service expenses 215,3930. including games of 80.0 (nothing games of 80.0) (necense \$1.0) (necense \$1.0) (necense \$1.0) (necense \$1.0) (necense \$1.0) (necense \$1.0)			ns to others, the total expe	enses, and
THE CHICAGO LIGHTHOUSE INDUSTRIES MANUFACTURING PROOFAM PROVIDES REHABILITATION, TRAINING AND BEHOVERST FOR PROFILE WHO ARE BLIND OR VISUALLY IMPAIRED. WORKERS ARE EMPLOYED AT VARIOUS PACKAGING AND ASSEMBLY JOBS, IN THE MANUFACTURE OF BOTH FLANNERS 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 FY23, 62 PROPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. 40 (Code:) (Expenses 630,360. Wolding grants of S				2 (12 027)
REHABILITATION, TRAINING AND EMPLOYMENT FOR PROPLE WHO ARE BLIND OR VISUALLY IMPAIRED. MORKERS ARE EMPLOYED AT VARIOUS FACKAGING AND ASSEMBLY JOSE, IN THE MANUFACTURE OF BOTH PLANNERS AND CLOCKS FOR THE FEDERAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE MORKERS ASSEMBLE AND PACKAGE FOOTRESTS, BACKRESTS AND MONITOR ARMS, AND FACKAGE COOKING THERMOMETERS FOR THE FEDERAL MARKET, AS WELL, DURING FY23, 62 FEOTLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. 4b (Code: _)(Expenses 690,360. including grants of 0.) (Recenue \$ 696,061.) CONTRACT MANAGEMENT SERVICES (CMS) PROGRAM OPERATES IN NOCK ISLAND, ILLINOIS. CHICAGO LIGHTHOUSE INDUSTRIES OPERATES AS A SUB-CONTRACTOR FOR NATIONAL INDUSTRIES FOR THE BLIND, EMPLOYING TRAINED CONTRACT CLOSSOUT SPECIALISTS FOR THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY, THROUGH THE CLOSSOUT PROCESS, DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4c (CODE _)(Expenses	4a		7 •) (Revenue \$	2,612,037.
VISUALLY IMPAIRED, WORKERS ARE EMPLOYED AT VARIOUS PACKAGING AND ASSEMBLY JOBS, IN THE MANDFACTURE OF BOTH FLANNERS AND CLOCKS FOR THE FEDERAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE MORKERS ASSEMBLE AND PACKAGE FOOTRESTS, BACKRESTS AND MONITOR ARMS, AND PACKAGE COOKING THERMOMETERS FOR THE FEDERAL MARKET, AS WELL, DURING FY23, 62 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. ### COMPACT MANAGEMENT SERVICES (CMS) PROGRAM OPERATES IN ROCK ISLAND, ILLINOIS, CHICAGO LIGHTHOUSE INDUSTRIES OFERATES AS A SUB-CONTRACTOR FOR NATIONAL INDUSTRIES FOR THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY, THROUGH THE CLOSEOUT PROCESS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE FROVIDED JOBS IN THIS PROGRAM. #### AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE FROVIDED JOBS IN THIS PROGRAM. #### AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE FROVIDED JOBS THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE FAID BY CHICAGO LIGHTHOUSE INDUSTRIES, THE WORK IS PERFORMED IN CHAMBION, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, PERFORMED IN CHAMBION, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE COMPRACTS. ###################################				
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 FY23, 62 FEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. 4b (code:)(Expenses 690,360. including grants of S 0.) (Revenue \$ 696,061.) CONTRACT MANAGEMENT SERVICES (CMS) FROGRAM 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 FURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY, THROUGH THE CLOSEOUT PROCESS. DURING FY23, 8 FEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOES IN THIS FROGRAM. 4c (code:)(Expenses 400,952. including grants of S 0.) (Revenue S 569,300.) FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOES FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE FOSTIONS AND MANAGAING 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 JANIFORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (expenses S		·		
### PEDERAL GOVERNMENT AND OTHER COMMERCIAL MARKETS. THE WORKERS ASSEMBLE AND PACKAGE FOOTRESTS, BACKRESTS AND MONITOR ARMS, AND PACKAGE COOKING THERMOMERERS FOR THE FEDERAL MARKET, AS WELL DURING FY23, 62 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. #### DISABILITIES WERE PROVIDED EMPLOYMENT. ###################################				
AND PACKAGE FOOTRESTS, BACKRESTS AND MONITOR ARMS, AND PACKAGE COOKING THERMOMETERS FOR THE FEDERAL MARKET, AS WELL, DURING FY23, 62 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. 4b (Gode:)(Expenses S		,		
THERMOMETERS FOR THE FEDERAL MARKET, AS WELL. DURING FY23, 62 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT. 4b (Code:) (Expenses				
4b (Code:)(Expenses				
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4C (Code:		WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT.		
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4C (Code:				
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4C (Code:				
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4C (Code:				
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4C (Code:				
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4c (code:) (Expenses \$ 400,952. including grants of \$ 0.) (Revenue \$ 569,300.) FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.	4b) (Revenue \$	696,061.
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 400,952 including grants of \$ 0.) (Revenue \$ 569,300.) FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
CLOSEOUT SPECIALISTS FOR THE PURPOSE OF DE-OBLIGATING UNSPENT FUNDS FOR THE MILITARY, THROUGH THE CLOSEOUT PROCESS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4c (Code:) (Expenses \$ 400,952. including grants of \$				
THE MILITARY, THROUGH THE CLOSEOUT PROCESS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 4C (Code:)(Expenses \$ 400,952. including grants of \$ 0.) (Revenue \$ 569,300.) FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
VISUAL AND OTHER DISABILITIES, AS WELL AS VETERANS, WERE PROVIDED JOBS IN THIS PROGRAM. 400,952. including grants of \$ 0.) (Revenue \$ 569,300.) FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAION, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
IN THIS PROGRAM. 4c (Code:)(Expenses\$ 400,952. including grants of \$0.) (Revenue \$569,300.) FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		, ,		
FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
FEDERAL GOVERNMENT SERVICE CONTRACTS PROVIDE JOBS FOR QUALIFIED PEOPLE WHO ARE BLIND OR VISUALLY IMPAIRED, WITH CHICAGO LIGHTHOUSE INDUSTRIES MAINTAINING RESPONSIBILITY FOR RECRUITING, TRAINING AND HIRING FOR THESE POSITIONS AND MANAGING SUCH CONTRACTS, AT OFFSITE LOCATIONS. THOSE EMPLOYED ARE PAID BY CHICAGO LIGHTHOUSE INDUSTRIES. THE WORK IS PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		400.952		569 300 \
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.	4C	·	/ •) (Revenue \$	309,300.
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		· · · · · · · · · · · · · · · · · · ·		
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
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 FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		,		
INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES, FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		<u> </u>		
FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		PERFORMED IN CHAMPAIGN, ILLINOIS, WHERE EMPLOYEES OF CHICAGO LIGHTHOUSE		
CONTRACTS. DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		INDUSTRIES ARE ENGAGED IN JANITORIAL, AND WAREHOUSING ACTIVITIES,		
DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		FULFILLING THE REQUIREMENTS OF TWO FEDERAL GOVERNMENT SERVICE		
EMPLOYMENT UNDER THESE CONTRACTS. 4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		CONTRACTS.		
4d Other program services (Describe on Schedule O.) (Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		DURING FY23, 8 PEOPLE WITH VISUAL AND OTHER DISABILITIES WERE PROVIDED		
(Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.		EMPLOYMENT UNDER THESE CONTRACTS.		
(Expenses \$ 215,390. including grants of \$ 0.) (Revenue \$ 158,944.) 4e Total program service expenses 3,818,817.				
4e Total program service expenses 3,818,817.	4d		150 011	`
· ·	40	2 24 2 24	130,544.)
	46	Total program service expenses		Form 990 (2022)

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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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			
	Schedule D, Part III	8		Х
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		X
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, 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		Х
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			.
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	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	40-		x
	Schedule D, Parts XI and XII	12a		Α .
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
13		14a		х
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ı -t a		 -
J	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		x
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		x
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х

232003 12-13-22

47-5665042

Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C		28c		x
29	"Yes," complete Schedule L, Part IV 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	25		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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>	 •		
-	Schedule N, Part II	32		x
33	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	
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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	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?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
232004	¥ 12-13-22	Form	990 ((2022)

11510416 153424 0178103-00002

47-5665042

Form 990 (2022) CHICAGO LIGHTHOUSE INDUSTRIES

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

	. (continued)		V	N1 -				
20	Entay the number of employees reported an Earm W.2. Transmittal of Wags and Tay Statements		Yes	No				
Za	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 73							
b	filed for the calendar year ending with or within the year covered by this return 2a	2b	х					
3a		3a		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						
6a								
	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?	7c		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		X				
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							
9	sponsoring organizations maintaining donor advised funds	8						
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	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 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	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	-						
C	Enter the amount of reserves on hand			v				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
15	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	46		х				
	excess parachute payment(s) during the year?	15		Α				
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х				
10	If "Yes," complete Form 4720, Schedule O.	10						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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	8							
	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	7							
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?								
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	Х					
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?	L	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	L	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	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
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?	L	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?	L	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	m?	11a	Х					
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	L	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	L	12c	Х					
13	Did the organization have a written whistleblower policy?		13	Х					
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	Х					
b	Other officers or key employees of the organization	L	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								
	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								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	1(c)(3)s	only) a	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 poli	cy, and	financ	ial					
	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								
	ROSA CARRILLO - 312-997-3648								
	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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	Jiga		((<u></u>		our	(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	Pos heck ss per	ition more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JANET P SZLYK, PHD	8.00									
PRESIDENT & CEO	32.00	Х		Х				0.	477,197.	32,604.
(2) KATHLEEN STOEBERL	8.00									
EVP & COO	32.00			Х				0.	201,033.	30,793.
(3) MARK LEON	8.00									
CFO (THRU 06/2023)	32.00			Х				0.	178,872.	9,554.
(4) MICHAEL MEEHAN	2.00									
CHAIR	2.00	Х		Х				0.	0.	0.
(5) THOMAS POWERS	2.00									
DIRECTOR (THRU 02/2023)	0.00	Х						0.	0.	0.
(6) DONALD BELGRAD	0.00									
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(7) THEODORE MAZOLA	1.00									
SECRETARY/TREASURER	0.00	Х		Х				0.	0.	0.
(8) ROBERT CLARKE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(9) PETER MILLER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) GARY RICH	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(11) TED WECKER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.

	Officers, Directors, Trus	1	ріоу І	ees,			gnes	t C		,	\neg		 >	
	(A)	(B)			(C	•	,		(D)	(E)			(F)	
Name	and title	Average		not c		more	than o		Reportable	Reportable	- 1		timate	
		hours per week		, unle					compensation	compensatio	- 1		nount	of
			—	1	T		T	,	from	from related			other	
		(list any hours for	irecto						the	organizations			pensa	
		related	or d	ee ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	,0/		om th	
		organizations	ustee	trus		96	n be u		1099-NEC)	1099-NEC)			anizat d relat	
		below	dual t	tiona		oldr	st cor		1033 (420)				nizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90	ii ii Lati	0110
			-	=			1 0				\neg			
			1											
			1											
				_										
			-											
				┢							-			
			1											
									0.	857,1			72,	951.
c Total from contin	nuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines	1b and 1c)								0.	857,1	L02.		72,	951.
	ndividuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			_
compensation fro	m the organization												Vaa	0 No
O Diel the averaginati	: list favor affica.	ali a.k.a k						المائية			ſ		Yes	NO
· ·	ion list any former officer,	,	-	•	•	•		•		•		2		х
	complete Schedule J for s											3		_ A
	l listed on line 1a, is the su											4	Х	
	iizations greater than \$150 sted on line 1a receive or a											4		
	rganization? If "Yes." com	•				•			•	idal loi selvices		5		х
Section B. Independe		piete Scrieduit	- J I	OI SL	<u>ICIT Ļ</u>	Jers	OII .							
1 Complete this tab	ole for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	s th	nat received more than \$	100,000 of comp	ensa ¹	tion fro	m	
·-	Report compensation for t	-	-							· · · · · · · · · · · · · · · · · · ·				
	(A)								(B)			(C		
	Name and business	address	NO	NE					Description of s	ervices	C	omper	nsatio	n
								\dashv						
								\dashv						
								\dashv						
								\sqcap						
	ndependent contractors (in		ot lir	nited	d to t			ted	above) who received mo	ore than				
\$100,000 of com	pensation from the organiz	zation				(0							

47-5665042

Form 990 (2022) CHICAGO LIC Part VIII Statement of Revenue

		Check if Schedule O contains a	response (or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenuè excluded from tax under
						Turiction revenue	business revenue	sections 512 - 514
ပ္ ပ	1 a	Federated campaigns	1a					
an		Membership dues	1b					
<u>क</u> ही		Fundraising events	1c					
ifts Ir A		d Related organizations	1d	980,401.				
nik G		Government grants (contributions)	1e	157,609.				
Sis		All other contributions, gifts, grants, and		-				
ber her		similar amounts not included above	1f	60,689.				
Ę	ç	Noncash contributions included in lines 1a-1f	1g \$	-				
Contributions, Gifts, Grants and Other Similar Amounts		n Total. Add lines 1a-1f			1,198,699.			
				Business Code				
Ð	2 8	CONTRACT MNGMT SERVICE		561300	696,061.	696,061.		
Š	k	GOVT SERVICE CONTRACTS		561300	569,300.	569,300.		
Sel	(DAX SERVICES		561300	158,944.	158,944.		
am	(d						
Program Service Revenue	•	•						
P	f	All other program service revenue						
	9	Total. Add lines 2a-2f			1,424,305.			
	3	Investment income (including divider	nds, intere	st, and				
		other similar amounts)			6.			6.
	4	Income from investment of tax-exem						
	5	Royalties						
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a						
	k	Less: rental expenses 6b						
	(Rental income or (loss) 6c						
		Net rental income or (loss)						
	7 a	a Gross amount from sales of (i) S	ecurities	(ii) Other				
		assets other than inventory 7a		8,700.				
-	k	Less: cost or other basis						
nue		and sales expenses		0.				
e e		Gain or (loss) 7c		8,700.	0 500			0 700
her Revenue		d Net gain or (loss)			8,700.			8,700.
Othe	8 8	 Gross income from fundraising events (r including \$ 	_					
		contributions reported on line 1c). Se	ee					
		Part IV, line 18	8a					
	k	Less: direct expenses						
	(Net income or (loss) from fundraising	g event <u>s</u>					
	9 a	a Gross income from gaming activities	. See					
		Part IV, line 19	9a					
	k	Less: direct expenses	9b					
	(Net income or (loss) from gaming ac	tivities					
	10 a	a Gross sales of inventory, less returns	I .					
		and allowances						
		Less: cost of goods sold						
\rightarrow	(Net income or (loss) from sales of inv	entory		2,612,037.	2,612,037.		
2		MICCELL ANEOLIC		Business Code	1 014			1 014
Miscellaneous Revenue	11 6	MISCELLANEOUS		900099	1,914.			1,914.
llan	k							
Sce								
Ξ		d All other revenue			1,914.			
	12	Total revenue. See instructions			5,245,661.	4,036,342.	0.	10,620.

232009 12-13-22

47 - 5665042

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

Do not include a 7b, 8b, 9b, and	amounts reported on lines 6b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and o	other assistance to domestic organizations ic governments. See Part IV, line 21		охронове	general expenses	охропосс
	d other assistance to domestic				
	. See Part IV, line 22				
	d other assistance to foreign				
	ons, foreign governments, and foreign				
-	. See Part IV, lines 15 and 16				
	aid to or for members				
	ation of current officers, directors,				
•	nd key employees				
	on not included above to disqualified				
•	defined under section 4958(f)(1)) and				
. ,	cribed in section 4958(c)(3)(B)				
	ries and wages	2,331,489.	2,300,403.	31,086.	
	n accruals and contributions (include			·	
•	(k) and 403(b) employer contributions)	62,164.	61,347.	817.	
	loyee benefits	236,718.	232,524.	4,194.	
	es	170,343.	168,269.	2,074.	
	ervices (nonemployees):				
	ent				
-		23,311.		23,311.	
	g	41,410.		41,410.	
	I fundraising services. See Part IV, line 17				
f Investment	t management fees				
g Other. (If li	ne 11g amount exceeds 10% of line 25,				
column (A),	amount, list line 11g expenses on Sch O.)	325,892.	115,981.	209,911.	
2 Advertising	g and promotion	9,872.		9,872.	
3 Office expe	enses	362,549.	232,920.	129,629.	
	n technology	67,050.	5,109.	61,941.	
5 Royalties					
6 Occupancy	yL	366,182.	315,708.	50,474.	
7 Travel		4,790.	1,660.	3,130.	
8 Payments	of travel or entertainment expenses				
for any fed	eral, state, or local public officials				
9 Conference	es, conventions, and meetings	1,423.	345.	1,078.	
		47,103.		47,103.	
	to affiliates				
2 Depreciation	on, depletion, and amortization	89,212.	27,242.	61,970.	
3 Insurance		52,775.		52,775.	
above. (List line 24e am	ses. Itemize expenses not covered miscellaneous expenses on line 24e. If bunt exceeds 10% of line 25, column (A), line 24e expenses on Schedule 0.)				
	PANY ALLOCATION	637,543.	114,573.	522,970.	
b COMMISSI	ONS & REBATES	241,974.	241,974.		
c BAD DEBT	EXPENSE	6,035.	2,489.	3,546.	
d MEMBERSH	IIPS	440.	440.		
e All other ex	xpenses	39,116.	-2,167.	41,283.	
5 Total function	onal expenses. Add lines 1 through 24e	5,117,391.	3,818,817.	1,298,574.	
6 Joint costs.	Complete this line only if the organization				
reported in o	column (B) joint costs from a combined				
educational	campaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				Form 990 (20

Form 990 (2022) Part X Balance Sheet

Part A	Check if Schedule O contains a response or n	ote to anv line i	n this Part X			
		,		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			384,252.	1	370,341
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			802,349.	4	1,019,633
5	Loans and other receivables from any current					
	trustee, key employee, creator or founder, sub	utor, or 35%				
	controlled entity or family member of any of th	ese persons			5	
6	Loans and other receivables from other disqua	as defined				
	under section 4958(f)(1)), and persons describ		6			
_ω 7	Notes and loans receivable, net		7			
Assets	Inventories for sale or use			683,318.	8	772,910
8 8	Prepaid expenses and deferred charges			20,694.	9	930
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D		249,783.			
b	Less: accumulated depreciation		143,956.	114,051.	10c	105,827
11	Investments - publicly traded securities			·	11	
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, lin			13		
14	Intangible assets			14		
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must ed			2,004,664.	16	2,269,641
17	Accounts payable and accrued expenses			267,273.	17	403,980
18	Grants payable	·	18			
19	Deferred revenue	23,371.	19	23,371		
20	Tax-exempt bond liabilities			20		
21	Escrow or custodial account liability. Complet			21		
00	Loans and other payables to any current or fo					
Liabilities	trustee, key employee, creator or founder, sub					
<u> </u>	controlled entity or family member of any of the		,		22	
ప్∣ ₂₃	Secured mortgages and notes payable to unre	-			23	
24	Unsecured notes and loans payable to unrelat				24	
25	Other liabilities (including federal income tax,)					
	parties, and other liabilities not included on lin	-				
	of Schedule D	,	p. 616 : 4.17 :		25	
26	Total liabilities. Add lines 17 through 25			290,644.	26	427,351
	Organizations that follow FASB ASC 958, cl		X	·		·
S S	and complete lines 27, 28, 32, and 33.					
e 27				1,714,020.	27	1,842,290
8 28 28	Net assets with donor restrictions			, ,	28	
<u> </u>	Organizations that do not follow FASB ASC					
声	and complete lines 29 through 33.	555, 51155K 115				
₅ 29	Capital stock or trust principal, or current fund			29		
8 30 St 20	Paid-in or capital surplus, or land, building, or				30	
88 31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances 27 28 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Total net assets or fund balances			1,714,020.	32	1,842,290
33	Total liabilities and net assets/fund balances			2,004,664.	33	2,269,641
1 00	Total habilities and not assets/fund baldines			_,,	_ 	Form 990 (202

47-5665042

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5 ,	245,	661.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5 ,	,117,	391.
3	Revenue less expenses. Subtract line 2 from line 1	3		128,	270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	714,	020.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	842,	290.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	333,091.	822,360.	798,363.	1,513,408.	1,198,699.	4,665,921.
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	333,091.	822,360.	798,363.	1,513,408.	1,198,699.	4,665,921.
	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.						4,665,921.
	etion B. Total Support						-,,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	333,091.	822,360.	798,363.	1,513,408.	1,198,699.	4,665,921.
	Gross income from interest,	, .	, -	, -	, ,	, , ,	, , , -
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	120.	11.	6.	0.	6.	143.
0		120.		•••	•	٠.	
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	837.	13,418.		199.	10,614.	25,068.
	assets (Explain in Part VI.)	857.	13,410.		199.	10,014.	4,691,132.
	Total support. Add lines 7 through 10		ì			40	26,224,992.
	Gross receipts from related activities,	•	,			12	20,224,332.
13	First 5 years. If the Form 990 is for th	•				. , . ,	
<u>Sac</u>	organization, check this box and stop etion C. Computation of Public						
	Public support percentage for 2022 (li			olumn (f))		14	99.46 %
						15	99.46 %
	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
10a		-					
L	stop here. The organization qualifies a		~			or mare about this	
D	33 1/3% support test - 2021. If the o						
47-	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts					_	
	meets the facts-and-circumstances tes	· ·	•			7 II 4F i 4	
b	10% -facts-and-circumstances test	_					u% or
	more, and if the organization meets th						
40	organization meets the facts-and-circu		-		• • •		
18	Private foundation. If the organization	n aid not check a b	oox on line 13, 16a	i, 16b, 1/a, or 17b	, cneck this box ar		Form 990) 2022

Scriedule A (FOITH 990) 2022

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) Total
	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						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2022. If the						7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•			
	line 18 is not more than 33 1/3%, che	ck this box and sf	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization						一

232023 12-09-22

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? |f "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
Г	1		
	2		
	_		
	3a		
-	3b		
Н	3c		
	4 -		
	4a		
	4b		
	710		
	4c		
	5a		
L	5b		
L	5c		
	6		
L	7		
L	8		
L	9a		
	9b		
	90		
	9c		
	10a		
	10b		
ıla <i>l</i>	\ /Earr	n aan)	2022

Pa	rt IV 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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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.	3		
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. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	estruction	15)	
2	Activities Test. Answer lines 2a and 2b below.	ou douor	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	94		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		d Type III supporting orga	nization (see
	instructions).			,

Schedule A (Form 990) 2022

Par	rt V Type III Non-Functionally Integrated 8	509(a)(3) Supporting Orga	inizations (continued)	
Secti	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 ex	kempt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt pur	rposes of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whi	ich the organization is responsive	,	
	(provide details in Part VI). See instructions.	3	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	and a mount arriada by mile a arriadin	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason	1-		
	able cause required - explain in Part VI). See instructions	s.		
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
ī	Carryover from 2017 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	5			
5	Remaining underdistributions for years prior to 2022, if			
-	any. Subtract lines 3g and 4a from line 2. For result grea	ater		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h	1		
-	and 4b from line 1. For result greater than zero, explain i			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
E	LAUGAA HUHLAUAA			

Schedule A (Form 990) 2022

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
2018 AMOUNT: \$ 837.
2019 AMOUNT: \$ 13,418.
2020 AMOUNT: \$ 0.
2021 AMOUNT: \$ 199.
2022 AMOUNT: \$ 10,614.

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

Employer identification number

2022

CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For 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 answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022) Schedule B (Form 990) (2022) 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	additional 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. 2	Name, address, and ZIP + 4	### Total contributions 157,609.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Ocomplete 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) (2022) Page **3**

Name of organization Employer identification number

CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		<u></u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990) (2022)

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

Page 4

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

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		ei Siiiiilai Funds	Or Accounts. Complete if the	
		_	dvised funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the asse	ts held in donor advise	ed funds	_
	are the organization's property, subject to the organization's	exclusive legal contr	rol?	Yes	_ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	at grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or f	or any other purpose of	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	I "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	ply).		
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically important land area	
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ntribution in the form	of a conservation easement on the las	st
	day of the tax year.			Held at the End of the Ta	x Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a	ι)	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, a	nd not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel				
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	spection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ns, and enforcing cons	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	nd enforcing conservat	tion easements during the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the require	ments of section 170(h	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	_ No
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	note to the organizat	ion's financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical	Treasures, or Ot	her 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	s revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ation, or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that	t describes these item	s.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furth	nerance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treations				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1	-		\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022

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

	dale B (1 01111 000) EULE	HTHOUSE INDUST						47-566		Pa	age 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other :	Simila	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that i	make sigi	nificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	C	: t	Loan or exc	hange prograr	n					
b	Scholarly research	•	• 🔲 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit or							_	_		,
D	to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				_ Yes		No
Pai	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "\	es" on F	orm 990	, Part IV,	line 9, or		
_	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								٦,,		1
	on Form 990, Part X?							L	」Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:					Amount		
	Decimalism halomas						4-		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f O-	Ending balance Did the organization include an amount on Fo						<u>lf</u> _		Yes	\neg	No
	If "Yes," explain the arrangement in Part XIII.					•		∟		\vdash] NO
	rt V Endowment Funds. Complete in	f the organization ar	nswered	"Yes" on Fo	rm 990 Part l'	<u>απ Λιιι</u> V line 10					
	Complete	(a) Current year		rior year	(c) Two years			ears back	(e) Four	vears	back
1a	Beginning of year balance	(=, = === , ===	(-,-	, , , , , , , , , , , , , , , , , , ,	(2)	(- ,		(-,	,	
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a	ı. column (a)) held as:				•		
а	Board designated or quasi-endowment	•	%	,, , ,	,						
b	Permanent endowment	%	_								
С		 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administere	d for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	(value	Э
		basis (investi	ment)	basis	(other)	depr	eciation	\perp			
1a	Land										
	Buildings	I									
	Leasehold improvements										
d	Equipment				197,433.		136,				826.
е	Other	1			52,350.		7,	349.		45,0	001.

Schedule D (Form 990) 2022

105,827.

e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2022 CHICAGO LIGHTHOU	SE INDUSTRIES		47-5665042	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	value
(1) Financial derivatives		,		
(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"	_			
(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 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.		
(a	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	<u>e 15.)</u>			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	11 av 11f Caa Farm 000 Dart V lina	O.E.	
1. (a) Description of liability	on Form 990, Part IV, line	TTE OF THE See FORTH 990, Part A, TITLE	(b) Book	volue
			(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) lin	e 25.)			

Schedule D (Form 990) 2022

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

47-5665042

	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1				1	6,948,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,702,470.		
е	Add lines 2a through 2d			2e	1,702,470.
3	Subtract line 2e from line 1			3	5,245,661.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	5,245,661.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	6,819,861.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,702,470.		
е	Add lines 2a through 2d			2e	1,702,470.
3	Subtract line 2e from line 1			3	5,117,391.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			4c 5	0. 5,117,391.
5					
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,117,391.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) rt XIII Supplemental Information.	Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,117,391.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,117,391.
Prov lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,117,391.
Prov lines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,117,391.
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Part XII, LINE 2:	Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,117,391.
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,117,391.
Prov lines PART	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; If 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Part XI, LINE 2: 48 (ASC 740) FOOTNOTE	Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,117,391.
Prov lines PART	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Part XII, LINE 2:	Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,117,391.
Prov lines PART	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Part XII, LINE 2: 48 (ASC 740) FOOTNOTE Page LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETS.	Part IV, lines 1b a additional inform	nd 2b; Part V, line 4	5	5,117,391.
Prov lines PART	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; If 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Part XI, LINE 2: 48 (ASC 740) FOOTNOTE	Part IV, lines 1b a additional inform	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any Part XII, LINE 2: 48 (ASC 740) FOOTNOTE Page LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETS.	Part IV, lines 1b a additional inform	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2 X, LINE 2: 48 (ASC 740) FOOTNOTE PAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERMAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FI	Part IV, lines 1b a additional inform	nd 2b; Part V, line 4	5	5,117,391.
PARTITHE	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2 X, LINE 2: 48 (ASC 740) FOOTNOTE PAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERMAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FI	Part IV, lines 1b a additional inform TER FROM EDERAL	nd 2b; Part V, line 4	5	5,117,391.
PARTITHE	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2 X, LINE 2: 48 (ASC 740) FOOTNOTE PAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FIGURE TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE 1	Part IV, lines 1b a additional inform TER FROM EDERAL	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Int XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2 X, LINE 2: 48 (ASC 740) FOOTNOTE PAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FIGURE TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE 1	Part IV, lines 1b a additional inform TTER FROM EDERAL INTERNAL	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d X, LINE 2: 48 (ASC 740) FOOTNOTE CAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FIGURE TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE 12 CAUCHE CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING	Part IV, lines 1b a additional inform TTER FROM EDERAL INTERNAL	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC THE INCC REVI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d X, LINE 2: 48 (ASC 740) FOOTNOTE CAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FIGURE TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE 12 CAUCHE CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING	Part IV, lines 1b a additional inform TER FROM EDERAL ENTERNAL TO	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC THE INCC REVI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ort XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d x, LINE 2: 48 (ASC 740) FOOTNOTE CAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FIGURE TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE 12 CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING SLATED BUSINESS INCOME. THE FASB ISSUED GUIDANCE THAT REQUIRED.	Part IV, lines 1b a additional inform TER FROM EDERAL ENTERNAL TO	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC THE INCC REVI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ort XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d x, LINE 2: 48 (ASC 740) FOOTNOTE CAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FIGURE TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE 12 CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING SLATED BUSINESS INCOME. THE FASB ISSUED GUIDANCE THAT REQUIRED.	Part IV, lines 1b a additional inform TER FROM EDERAL TO RES TAX ONSOLIDATED	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC THE INCC REVI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; II, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 1a and 4; II and 4d and	Part IV, lines 1b a additional inform THER FROM EDERAL TO RES TAX DISSOLIDATED	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ort XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Fig. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d X, LINE 2: 48 (ASC 740) FOOTNOTE PAGO LIGHTHOUSE INDUSTRIES HAS A FAVORABLE DETERMINATION LETTERNAL REVENUE SERVICE, STATING THAT IT IS EXEMPT FROM FIGURE TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE 12 SINUE CODE OF 1986 (IRC), EXCEPT FOR INCOME TAXES PERTAINING STATED BUSINESS INCOME. THE FASB ISSUED GUIDANCE THAT REQUIRECTS FROM UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE CO	Part IV, lines 1b a additional inform THER FROM EDERAL TO RES TAX DISSOLIDATED	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC THE INCC REVI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; II, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 1a and 4; II and 4d and	Part IV, lines 1b a additional inform THER FROM EDERAL TO RES TAX DISSOLIDATED	nd 2b; Part V, line 4	5	5,117,391.
PART FIN CHIC THE INCC REVI	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) IT XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; II, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any 2d and 4b; and Part XII, lines 1a and 4; II and 4d and	Part IV, lines 1b a additional inform THER FROM EDERAL TO RES TAX DISSOLIDATED	nd 2b; Part V, line 4	5	5,117,391.

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1 a	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	e		
	Travel for companions Payments for business use of personal residence	e		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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 commit	tee		
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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	71			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9				
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)	335,487.	130,550.	11,160.	8,578.	24,026.	509,801.	0.
(2) KATHLEEN STOEBERL	(i)	0.	0.	0.	0.	0.	0.	0.
EVP & COO	(ii)	165,216.	34,275.	1,542.	5,098.	25,695.	231,826.	0.
(3) MARK LEON	(i)	0.	0.	0.	0.	0.	0.	0.
CFO (THRU 06/2023)	(ii)	146,010.	32,310.	552.	2,629.	6,925.	188,426.	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)							
	(i)							
	(ii)							

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 O (Form 990)

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.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection
Employer identification number

CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042 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 \$ 158,944. EXPENSES \$ 215,390. 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 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: EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization CHICAGO LIGHTHOUSE INDUSTRIES	Employer identification number 47-5665042
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	
CHICAGO LIGHTHOUSE INDUSTRIES' EMPLOYEES ARE COMPENSATED BY A RELATED	
DRGANIZATION. 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.	
FORM 990, PART VI, SECTION C, LINE 19:	
OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE	
THE CHICAGO LIGHTHOUSE INDUSTRIES' AUDITED FINANCIAL STATEMENTS AND 990 ARE	
AVAILABLE UPON REQUEST, ARE FILED WITH THE ILLINOIS ATTORNEY GENERAL'S	
OFFICE, AND ARE AVAILABLE ON THE LIGHTHOUSE'S WEBSITE.	

SCHEDULE R (Form 990)

Name of the organization

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

CHICAGO LIGHTHOUSE INDUSTRIES

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-5665042

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		Direct o	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, b	pecause it had one	or more	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 501(c)(3))		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?	
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		Yes	No X	

		0 11 20 1	"' "	D . N . II . O .		
Dort III Ide	entification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or r	nore related
org	ganizations treated as a partnership during the tax year.					

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No		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 EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(i conti ent	(i) Section 512(b)(13) controlled entity?	
		country)		,				Yes	No	
	-									
-										
	-									
									 	

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

а	. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
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		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
-1	Performance of services or membership or fundraising solicitations for related organizatio				11		Х	
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1р	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		
	Other transfer of cash or property from related organization(s)				1s	Х		
	If the answer to any of the above is "Yes," see the instructions for information on who mu							
	(a) Name of related organization	(b) Fransaction	(c) Amount involved	(d) Method of determining amount invo	olved			
	· · · · · · · · · · · · · · · · · · ·	type (a-s)	7 1111041111 111101104	g ag a				
1)								
2)								
3)								
4)								
5)								
6)								

Page 3

Yes No

Schedule R (Form 990) 2022 CHICAGO LIGHTHOUSE INDUSTRIES 47-5665042 Page 4

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership