TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2013

| Prepared for | CUTCACO I TCUMO |
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| | CHICAGO LIGHTS 126 E CHESTNUT STREET CHICAGO, IL 60611 |
| Prepared by | |
| | MCGLADREY LLP 1 S.WACKER DRIVE, STE 800 CHICAGO, IL 60606 |
| Amount due or refund | NOT APPLICABLE |
| Make check payable to | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. |
| | |

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organiza

| ation | |
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| | |

, 2013, and ending

For calendar year 2013, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo Internal Revenue Service Name of exempt organization Employer identification number Chicago Lights 36-3786331 Name and title of officer Martin Sherrod Chief Operating Officer Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here 🕨 🗓 b Total revenue, if any (Form 990-EZ, line 9) ______ 2b ____ 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) ______ 3b ___ 4a Form 990-PF check here 5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part i above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize MCGLADREY LLP to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 15458760612 number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

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

2013

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

| Α | For th | e 2013 calendar year, or tax year beginning and endi | ing | | |
|--------------------------------|-------------------------|--|----------------------------|--|--|
| В | Check if applicab | C Name of organization | | D Employer identifi | cation number |
| Г | Addre | SS Chicago Lights | | | |
| Ė | Name | Doing Business As | | 36-3 | 786331 |
| | Initial return | | m/suite | E Telephone numbe | A Ann Discounting True |
| | Termi ated | | SICLE 6. WY DOMENTS 94900. | | 787-4570 |
| | Amen return | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,038,726. |
| L | Applie tion pendi | Chicago, in obsir | | H(a) Is this a group re | |
| | pendi | F Name and address of principal officer: Stacy Jackson | | for subordinates | |
| _ | | same as C above | | | ncluded? Yes No |
| | | empt status: $X = 501(c)(3) = 501(c)(0) $ (insert no.) $4947(a)(1)$ or te: ww www.chicagolights.org | 527 | | list. (see instructions) |
| | | | | H(c) Group exemption | n number ▶ ⁄I State of legal domicile: IL |
| | art I | | L Year o | or formation, 1991 | N State of legal domicile: 11 |
| | | Briefly describe the organization's mission or most significant activities: To prov | vide | hope and o | pportunity |
| Activities & Governance | | to our city's children, youth, and adults w | | | |
| rna | 2 | Check this box Figure if the organization discontinued its operations or disposed of | | | ALEXANDER CONTRACTOR C |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 1 | 18 |
| ত | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 17 |
| es | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 0 |
| ivit | 6 | Total number of volunteers (estimate if necessary) | | 6 | 1500 |
| Act | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | ········· | - Commence of the comment of the com | 0. |
| | | Contributions and marks (Both VIII line 4b) | | Prior Year 1,557,303. | Current Year |
| Jue | 1 | Contributions and grants (Part VIII, line 1h) | | 15,341. | 1,723,148. |
| Revenue | | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 13,341. | 10,000. |
| R | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 182,001. | 161,521. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,754,645. | 1,895,365. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 148,888. | 152,518. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | 6800 | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,181,342. | 1,147,613. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | | 0. | 0. |
| ž | b | Total fundraising expenses (Part IX, column (D), line 25) 209, 891. | . | | -10 10- |
| ш. | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 375,824. | 519,487. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,706,054. | 1,819,618. |
| - SS | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 48,591. | 75,747. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Беу | inning of Current Year 423,591. | End of Year 582,374. |
| Ass | 21 | Total liabilities (Part X, line 16) | | 71,899. | 154,935. |
| Net -unc | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 351,692. | 427,439. |
| Pa | art II | Signature Block | | | |
| Und | ler pena | lties of perjury, I declare that I have examined this return, including accompanying schedules and | stateme | nts, and to the best of m | y knowledge and belief, it is |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which p | reparer h | nas any knowledge. | |
| | | | | | |
| Sig | | Signature of officer | | Date | |
| Her | ·e | Martin Sherrod, Chief Operating Officer Type or print name and title | | | |
| | | | TDa | ate . Check | II PTIN |
| Pair | h | Print/Type preparer's name Wayne Harder Preparer's signature | 11 | 2/0/44 F | D00204206 |
| | parer | Firm's name MCGLADREY LLP | 10 | Firm's EIN | 42-0714325 |
| | Only | Firm's address 1 S.WACKER DRIVE, STE 800 | | THIII S EIN | -10 0/1-4JZJ |
| 610,000 | 200905 9 0 | CHICAGO, IL 60606 | | Phone no. 31 | 2-634-3400 |
| May | y the IF | RS discuss this return with the preparer shown above? (see instructions) | | ,ono nor a | X Yes No |

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

operating grant.

es\$ 473,081. including grants of \$

42,500.) (Revenue \$

7,521.

4e Total program service expenses ► 1,451,433.

The art and writing of the approximately 100 students served is published through quarterly magazines which honor their creativity amidst dire surroundings. This program is fully supported by an annual

Form 990 (2013) Chicago Lights Part IV Checklist of Required Schedules

| foreign organization? If "Yes," complete Schedule F, Parts II and IV 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 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II 18 X | | | | Yes | No |
|---|-----|---|-------------|-----|----------|
| 2 Is the organization required to complete Schedule 8, Schools of Continuous 1 Did the organization engage in infect or indirect profiles of control organization engage in infection indirect profiles of the control of the complete Schedule 8, Part 1 Section 50 (16) organization between the complete Schedule 9, Part 1 Section 50 (16) organization as each on Storick 9, Stor | 1 | | | х | |
| S Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices of "Pes", complete Schedule C, Pert I. S Exciton 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(e)(e) election in effect during the text year IV" "Pes", complete Schedule C, Pert II. S Is the organization a section 501 (e)(4), 501(e)(5), or 501 (e)(6) organization that receives membership dues, assessments, or similar amounts as defined in hovenue Procedure 81479 If "Pes", complete Schedule C, Pert II. Did the organization receives may demor advised funds or any similar runds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Pes", complete Schedule D, Pert I II. Did the organization receive or hold a conservation essement, including assements to preserve pans pase. the environment, historic land areas, or historic structures? If "Pes", complete Schedule D, Pert II. S Ind the organization report an amount in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Pert X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If Y 'es', complete Schedule D, Part IV If It is organization, directly or through a related organization, hield assets in temporarily restricted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, in It is the organization assertion amount for investments - other securities in Part X, line 121 If Yes', complete Schedule D, Part V, in It is the organization report an amount for investments - other securities in Part X, line 121 If Yes', complete Schedule D, Part V, in It is 14 If X is asset reported in Part X, line 150 If Yes', complete Schedule D, Part X, in It III Is X is asset reported in Part X, line 150 If Yes', complete Schedule D, Part X, in It Is It Is Is X is asset reported in Part X, li | 2 | Is the organization required to complete Schedule B. Schedule of Contributors? | | | \vdash |
| public office? If "Yes," complete Schedule C, Part II Section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(h) election of a part of the organization markain any donor advised funds or any similar funds or accounts for which denors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including casements to preserve open space, the environment, historical teraction or account in the part X, if the part X, if the part X, if the part X, if the 21, for escrew or custodial account liability; serve as a custodian for amounts not issue in Part X, or provide credit conserving, debt management, prodit repair, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, if the 21, for escrew or custodial account liability; serve as a custodian for amounts not issue in Part X, or provide schedule organization, had assets in temporarily restricted endowments, permanent endowments, or quasi-amountments? If "Yes," complete Schedule D, Part V In the organization report an amount for lend, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X, II Did the organization report an amount for the schedule D, Part V, III Did the organization report an amount for the schedule D, Part X, III to 10 X The organization report an amount for the schedule D, Part X, III to 10 X Did the organization report an amount for the schedule D, Part X, III to 10 X Did the organization | | | | | |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(6) elocition in office during the tax year? if "ves," complete Schedule C, Part iii 1. 5 Is the organization a section 501(c)(6), 501(c)(6), or 501(c)(8) organization that receives membership dues, assessments, or similar amounts as defined in flevenue Procedure 98-197 if "ves," complete Schedule C, Part iii 1. 5 Did the organization maintain any donor advised during or any accounts? iii "ves," complete Schedule D, Part I 2. 6 Did the organization maintain any donor advised during samments to breaere open space, the environment, historical treasment of amounts in such funds or accounts? iii "ves," complete Schedule D, Part I 3. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part I 3. 8 Did the organization export any amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not issued in Part X, or provide credit conseling, debt management, credit creapility serves as a custodian for amounts not issued in Part X, or provide credit conseling, debt management, credit creapility serves as a custodian for amounts not issued in Part X, or provide credit conseling, debt management, credit creapility serves as a custodian for amounts not issued in Part X, or provide credit conseling, debt management, credit creapility serves, organization debt in Part X, iii and the part X, iii and the part X, iii and Y, iii and Y, iii ii i | • | | 3 | | x |
| during the tax year if if "Yes," complete Schedule C, Part II site organization as section 50 (E)(4), 501 (E)(6), or 501 (E)(6 | 4 | | ۳ | | |
| 5 Is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8-918 // 1**ex*; complete Schedule (2, Part II) 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 II Did the organization maintain collections of works of art, historial ressures, or protein similar assotia? If "Yes," complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV 1 the organization's answer to arry of the following questions is "Yes," then complete Schedule D, Part IV 1 the organization's answer to arry of the following questions is "Yes," then complete Schedule D, Part IV 1 the organization's newer to arry of the following questions is "Yes," then complete Schedule D, Part IV 1 the organization report an amount for investments or there securities in Part X, line 107 If "Yes," complete Schedule D, Part IV 1 the organization report an amount for investments or there securities in Part X, line 107 It is 107 the security of the organization report an amount for investments for the say as a series reported in Part X, line 157 If "Yes," complete Schedule D, Part IV II X 1 the 107 If IV | | | 4 | | Х |
| similar amounts as defined in Revenue Procedure 96:19? If "Yes," complete Schedule C, Part III by 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 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 III the any advice and rease, or historic structures If "Yes," complete Schedule D, Part III the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III the organization report an amount in Part X, line 21, for escrow or oustodial account liability, serve as a oustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV as a supplicable. 10 Did the organization indirectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V as a supplicable. 10 Did the organization report an amount for lives, "complete Schedule D, Part V, III, VIII, IX, or X as a supplicable. 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 | 5 | | <u> </u> | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receives or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Schedule D | | | 5 | | Х |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment instant instant collections of vorks of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III S. 8 Did the organization maintain collections of vorks of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III S. 9 Did the organization proport 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 V 10 Did the organization or any of the following questions, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments, If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V 11 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 167 If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for other assets in Part X, line 157 If "Yes," complete Schedule D, Part X 11 Did the organization shall be a manual for other assets in Part X, line 157 If "Yes," complete Schedule D, Part X 11 Did the organization shall be a manual for other assets in Part X, line 157 If "Yes," complete Schedule D, Part X 11 Did the organization shall be a manual for other assets in Part X, line 157 If "Yes," complete Schedule D, Part X 11 Did the organization answered "Ne" to line 152, then co | 6 | | | | |
| the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| Bild the organization meihtain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 crodit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 1 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Bild the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI 1 Did the organization report an amount for investments - other securities in Part X, line 127 If "Yes," complete Schedule D, Part VI 1 Did the organization report an amount for investments - other securities in Part X, line 127 If "Yes," complete Schedule D, Part VI 1 Did the organization report an amount for investments - program related in Part X, line 158 or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 1 Did the organization report an amount for other laselities in Part X, line 159 If "Yes," complete Schedule D, Part X 1 Did the organization report an amount for other laselities in Part X, line 159 If "Yes," complete Schedule D, Part X 1 Did the organization separate or consolidated financial statements for the tax year include a footnote that addressase the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 1 Did the organization answered "No" to line 128, then completing Schedule D, Part X I and XI is optional 1 S behorganization seport and part X, column (A), line 3 more than \$10,000 from grantma | 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrew 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 Did the organization services? If "Yes," complete Schedule D, Part V 10 Did the organization services? If "Yes," complete Schedule D, Part V 11 If the organization services are namount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for Investments - organization 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 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 10? If "Yes," complete Schedule D, Part VIII 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 10? If "Yes," complete Schedule D, Part X III or 2X Did the organization report an amount for other lashities in Part X, line 25? If "Yes," complete Schedule D, Part X III or 2X Did the organization in separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III or 3X Did the organization obtain separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III or 3X Did the organization maintain an office, employees, or agents outside of the United Sta | | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 9 Did the organization report an amount for any Line 21, for secrow 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 | 8 | | 8 | | Х |
| If "Yes," complete Schedule D, Part IV 10 10 10 10 10 10 10 1 | 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," temporarily restricted endowments, permanent as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 | | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 K 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments other securities in Part X, line 12! that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X d 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 VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other liabilities 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 X 11d X d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is partially for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 13 Is the organization asshool described in section 170(b)(1)(b)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization as school described in section 170(b)(1)(b)(ii)? If "Yes," complete Schedule E 13 X 15 Did the organization report on Part IX, column (A), line 3, more than | | *************************************** | 9 | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 VIII d Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d | 10 | | | | |
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| Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110 X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 112 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 12 b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, Parts XI and XII is optional 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III 18 Did the organization report more than \$15,000 of gross income | | | 11c | | X |
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| | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | 202 | |

Form 990 (2013) Chicago Lights Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|---|------------|-------|---------------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? 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 | | X |
| 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 | l | | v |
| h | Schedule K. If "No", go to line 25a | 24a | | X |
| b C | , partial oxognorial | 24b | | |
| · | | 240 | | |
| d | any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c 24d | | |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | 24u | | |
| | 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 | 250 | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | <u>X</u> |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| ¢ | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | 37 |
| 00 | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | $\frac{x}{x}$ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 00 | | Х |
| 31 | contributions? If "Yes," complete Schedule M | 30 | | |
| ٠. | | 31 | | х |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | - T | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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 | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? 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 | | _X_ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | _X_ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | ۱ پ | |
| | Note. All Form 990 filers are required to complete Schedule 0 | 38 | X | |
| | | Form | 990 c | 2013) |

Form 990 (2013) Chicago Lights Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | | |
|-----|---|---|---------------|--------|-------|
| | | 4 | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 34 | — 3393.3 (33) | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b (|) | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and re- | | | | |
| | (gambling) winnings to prize winners? | | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a |) | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retur | ns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions |) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ► | | 241 STA | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | accounts. | | | |
| 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 transa- | | 5b | | X |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | | | | |
| | 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 contributi | | | | |
| | were not tax deductible? | _ | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | *************************************** | 100000 | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | 7a | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | Х | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | |
| | to file Form 8282? | | 7c | | X |
| d | | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did | l the supporting | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a | ny time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds, | | 189000 | | |
| а | Did the organization make any taxable distributions under section 4966? | | 9a | | |
| | Did the 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 | 10a | | Yaran. | |
| | 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 | 11a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| | 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 | 13b | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| | Did the examination receive any payments for indeed temping condense during the tay years | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | 0 | 14b | | |
| | | | - | 200 | 00.10 |

Form 990 (2013) Chicago Lights 36-3786331 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|--|--------|--------------|-------------|
| 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 la 18 | | (2.4°) | |
| | 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 in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 17 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | Х | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | 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? | 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? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | garaga. | |
| a | The governing body? | 8a | х | They have |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | The second of th | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 700 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | , | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 1000001 | Section 1 |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | Shipelonia. |
| b | | 12b | Х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 7=10 | | |
| • | in Schedule O how this was done | 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 | | 124,930 | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | 4500,000,000 | Х |
| | Other officers or key employees of the organization | 15b | | X |
| ~ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 100 | | |
| 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 | V-0,2-115-11 | X |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | iva | | |
| IJ | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 16b | fish with | 2020224 |
| Sec | exempt status with respect to such arrangements?tion C. Disclosure | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶IL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | railah | <u> </u> | |
| | for public inspection. Indicate how you made these available. Check all that apply. | vandu | ic. | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 10 | • | fir | nia! | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and statements available to the public during the toy year. | ıırıar | UM | |
| 20 | statements available to the public during the tax year. | an. b | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organizat $Martin\ Sherrod\ -\ 312-274-3818$ | on: 🗩 | | |
| | 126 E Chestnut, Chicago, IL 60611 | | | |
| | THE COURT OF THE COURT | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | | | _ ((| 2) | | | (D) | (E) | (F) |
|--------------------------------------|-------------------|--------------------------------|----------------------|-------------|----------------|------------------------------|--------------|----------------------|------------------------------|-----------------|
| Name and Title | Average | | not c | | more | than | | Reportable | Reportable | Estimated |
| | hours per week | box offi | , unle cer an | sspe dad | rson irecto | is bot or/trus | han tee) | compensation from | compensation from related | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | direc | | | | g | | organization | (W-2/1099-MISC) | from the |
| | related | itee oi | ustee | | | ensat | | (W-2/1099-MISC) | | organization |
| | organizations | al frus | nai tr | | юже | comp e | | | | and related |
| | below line) | Individual trustee or director | nstitutional trustee | Officer | Key employee | Highest compensated employee | rmer | | | organizations |
| (1) Ann Mellott | 2.00 | <u>a</u> | Ĕ | Of | \$ | ± 5 | 윤 | | | |
| Director | | Х | | | | | İ | 0. | 0. | 0. |
| (2) Barton Tretheway | 2.00 | | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (3) Carol Lobbes | 2.00 | | | | | Т | | | | |
| Secretary | | Х | | Х | | | | 0. | 0. | 0. |
| (4) Emily Bradley | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (5) Gary Beckman | 2.00 | | | | | | | | | |
| Director | | Х | | | | <u> </u> | | 0. | 0. | 0. |
| (6) Hope Daniels | 2.00 | | | | | | | | | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (7) Jennifer Rothman | 2.00 | | | | | | | | _ | |
| Director | | X | | | | | | 0. | 0. | 0. |
| (8) John Shonkwiler | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (9) Jon Findley | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (10) Marilee Hopkins | 2.00 | | | | | : | | | _ | • |
| President | | Х | | Х | | | | 0. | 0. | 0. |
| (11) Missy MacLeod | 2.00 | | | | | | | | | • |
| Director | 2 00 | Х | | | | | | 0. | 0. | 0. |
| (12) Rick Sabol | 2.00 | х | | х | | | | 0. | 0. | 0. |
| Vice President | 2.00 | Λ | | Λ | | | _ | 0. | 0. | U • |
| (13) Victoria Curtiss | 30.00 | х | | | | | | 0. | 43,442. | 0. |
| Director, Clergy (14) John Borovicka | 2.00 | Δ | | | - | - | | 0. | 40,442. | 0. |
| Director | 2.00 | х | | | | | | 0. | 0. | 0. |
| (15) Robert Crouch | 2.00 | 27 | \vdash | | | | _ | 0. | V = | |
| Director | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (16) Roderick Gedey | 2.00 | | | | | - | | <u> </u> | | |
| Director | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (17) Susan Kostiwa | 2.00 | | | - | | | | | · · | |
| Director | | х | | | | | | 0. | 0. | 0. |
| | <u> </u> | | | | | | Ь. | | | F 000 (00±0) |

Chicago Lights 36-3786331 Page 8 Form 990 (2013) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (E) (F) Position Name and title Average Reportable Reportable Estimated (do not check more than one box, unless person is both an hours per compensation compensation amount of officer and a director/trustee) week from from related other (list any the organizations compensation hours for (W-2/1099-MISC) organization from the related nstitutional trustee (W-2/1099-MISC) organization organizations cey employee and related below organizations Officer line) 2.00 (18) Stacy Jackson 84,562. X Х 0. 0. Executive Director 2.00 (19) Kenneth Ohr X X 0. 0. Treasurer 128,004. 0. 1b Sub-total 0. c Total from continuation sheets to Part VII, Section A 0. 128,004. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ... Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | NONE | (B) Description of services | (C) Compensation |
|--|-----------------------------------|---------------------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| er of independent contractors (including but | t not limited to those liste 0 | d above) who received more than | |

Form 990 (2013) Chicago Lights
Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a response | or note to any lir | ne in this Part VIII | | | |
|---|------|---|-----------------|--------------------|--|--|--|---|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts nts | 1 a | Federated campaigns | 1a | | | | | |
| E E | | Membership dues | | | | | | |
| A, G | | Fundraising events | | 70,290. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Related organizations | | 133,816. | | | | |
| | | Government grants (contribut | | | | | | |
| i Si | | All other contributions, gifts, gran | | | | | | |
| t te | | similar amounts not included abo | ve 11 1, | 519,042. | | | | |
| 들일 | g | Noncash contributions included in lines | | | | | | |
| 8 8 | h | Total. Add lines 1a-1f | | | 1,723,148. | | | |
| | | | | Business Code | | | | |
| 9 | 2 a | | | 611600 | 6,021. | 6,021. | | |
| Program Service Revenue | b | Elam Davies Soc | ial Ser | 611600 | 2,482. | 2,482. | | |
| Sign | | Summer Day Prog | | 611600 | 1,500. | 1,500. | | |
| ev an | d | Chicago Lights | Tutorin | 611600 | 693. | 693. | | |
| <u> </u> | е | | | | | | | |
| <u> </u> | f | All other program service reve | nue | | | | | |
| | g | Total. Add lines 2a-2f | | <u></u> | 10,696. | | | |
| | 3 | Investment income (including | | | | | | - |
| | | other similar amounts) | | | | | | |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | <u></u> | | | 200.000 0 0 0 000000 0 0 00000 0 0 0 0 0 | 200 - 100 - |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | <u> </u> | | | | |
| | | Net rental income or (loss) | | | | | Horaco Contractor Cont | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| İ | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | _ | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| enue | o a | including \$ 70,2 | | | | | | |
| Ş. | | contributions reported on line | | | | | | |
| Other Rev | | Part IV, line 18 | • | 304,882. | | | | |
| hei | h | Less: direct expenses | | 143,361. | | | | |
| δ | | Net income or (loss) from fund | | | 161,521. | | Filtering statement of the statement | 161,521. |
| | | Gross income from gaming ad | _ | | | | | |
| | o u | Part IV, line 19 | | | | | | |
| | b | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | • | e British i sa sa sa sa sa sa sa sa sa sa sa sa sa | | 79.000.00 | Alanna i a a a a a a |
| | | Gross sales of inventory, less | - | | | | | |
| | | and allowances | | | | | | |
| | b | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sale | | | | • | | |
| Ī | | Miscellaneous Revenu | | Business Code | | | | |
| ſ | 11 a | | | | | • | | |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | > | | | | |
| 0.5.5.5 | 12 | Total revenue. See instructions. | | <u></u> | 1,895,365. | 10,696. | 0. | 161,521. |
| 332009 10-29- | 13 | | | | | | | Form 990 (2013) |

Form 990 (2013) Chicago Lights 36 Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| 9 Other employee benefits 186,471. 152,315. 15,688. 18,46 10 Payroll taxes 63,364. 47,476. 7,669. 8,21 11 Fees for services (non-employees): a Management b Legal 388. 388. c Accounting 11,215. 11,215. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 520. 520. 13 Office expenses 50,275. 26,032. 12,830. 11,41 | Sect | ion 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | ner organizations must c | omplete column (A). | |
|--|------|--|---|--------------------------|---|------------------------|
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| Starts and other assistance to envirous in the United States. See Part IV, line 2' 110,018. 110,018. 110,018. | | | (A) Total expenses | Program service | Management and | Fundráising |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons to additional under section 4650((3)) and persons described in sec | 1 | Grants and other assistance to governments and | | | | |
| the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for membres. 5 Compensation of current officers, circuctors, trustecs, and key ampleyees 6 Compensation of current officers, circuctors, trustecs, and key ampleyees 9 Profession and individual souther of the persons (as dindicularly asserted of 16th) and 4058(r)(3V) and persons described in section 4958(r)(3V) and persons described in section 4958(r) an | | organizations in the United States. See Part IV, line 21 | 42,500. | 42,500. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation or included above, to disqualified persons (as defined under section 4958(fy(1)) and persons (as defined under section 4958(fy(1)) and persons (each defined each each defined each each defined each each defined each each defined each each defined each each defined each each defined each each defined each each defined each each each each each each each each | 2 | Grants and other assistance to individuals in | | | | |
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| 15 Royalties | | | | | , | 2,400. |
| 16 | | | 20,7,551 | 20,000. | | 2,100 |
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| 26 Joint costs. Complete this line only if the organization | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | 1,010,010. | T142T1422. | 130,434. | 203,031. |
| reported in column (b) joint costs from a compined | 26 | | *************************************** | | | |
| | | | | | | |
| educational campaign and fundraising solicitation. | | | | | | |
| Check here fif following SOP 98-2 (ASC 958-720) | | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2013) |

Form 990 (2013)
Part X Balance Sheet

| | IL X | Check if Schedule O contains a response or note | e to any line i | n this Part X | | | |
|---------------|------|---|-----------------|-------------------|--|--------------------|--|
| - | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash · non-interest-bearing | | | 325,619. | 1 | 458,695. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and fo | | | | | |
| | - | trustees, key employees, and highest compensa | | | | | |
| | | Part II of Schedule L | , , | <i>'</i> | in the state of th | 5 | The standard of the form of the standard of th |
| | 6 | Loans and other receivables from other disqualif | | | | SALESAN SALESAN | |
| | | section 4958(f)(1)), persons described in section | | | | | |
| | | employers and sponsoring organizations of secti | | · | | | |
| (r) | | employees' beneficiary organizations (see instr). | | · · | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | · · · · · · · · · · · · · · · · · · · | 7 | |
| Ä | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 19,848. | 9 | 53,500. |
| | l | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 79,448. | | | |
| | b | Less: accumulated depreciation | 10b | 79,448. 9,269. | 78,124. | 10c | 70,179. |
| | 11 | Investments - publicly traded securities | | - | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | | 13 | |
| | 14 | Intangible assets | | i i | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 423,591. | 16 | 582,374. |
| | 17 | Accounts payable and accrued expenses | | | 58,067. | 17 | 57,589. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 7,100. | 19 | 47,340. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| (S) | 22 | Loans and other payables to current and former | | | | | |
| Liabilities | | key employees, highest compensated employee. | s, and disqua | lified persons. | | | |
| abi | ĺ | Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | ables to relat | ed third | | | |
| | | parties, and other liabilities not included on lines | 17-24). Comp | olete Part X of | | | |
| | | Schedule D | | | 6,732. | 25 | 50,006. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 71,899. | 26 | 154,935. |
| | | Organizations that follow SFAS 117 (ASC 958) | | ► X and | | | |
| Ses | | complete lines 27 through 29, and lines 33 and | | | | 10,000 | 201 056 |
| anc | 27 | Unrestricted net assets | ************ | | 290,443. | 27 | 321,256. |
| Bal | 28 | Temporarily restricted net assets | 61,249. | 28 | 106,183. | | |
| Fund Balances | 29 | | | | i dalam salaga tang pengaganan kalaganya dara kitata | 29 | |
| F | | Organizations that do not follow SFAS 117 (AS | SC 958), che | ck here ► 📖 | | | |
| Net Assets or | | and complete lines 30 through 34. | | | | 用意纸 | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid in or capital surplus, or land, building, or equ | | | | 31 | |
| let | 32 | Retained earnings, endowment, accumulated inc | | | 251 600 | 32 | 407 420 |
| - | 33 | Total net assets or fund balances | | | 351,692. | 33 | 427,439. |
| | 34 | Total liabilities and net assets/fund balances | | | 423,591. | 34 | 582,374. |

| orm | 1 990 (2013) Chicago Lights | 36-37 | 86331 | Pa | ge 12 |
|-----|---|--------------|---|-----|--------------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | u |
| | 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 | 1,895 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,819 | 7,6 | 18. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 47. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 351 | .,6 | 92. |
| 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 in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 427 | 7,4 | 39. |
| Pa | rt XII Financial Statements and Reporting | 1 | | | |
| | 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 | | 15.50 | | 324-334-33 344-334-33 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | |
| 2a | | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | | | | |
| | separate basis, consolidated basis, or both: | | \$45.000 B | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | |
| | consolidated basis, or both: | , | | | |
| | Separate basis Consolidated basis X Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e 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 in Sche | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | | | | |
| | Act and OMB Circular A-133? | - | За | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Chicago Lights

Employer identification number 36-3786331

| Part l | Reason | for Public Cha | r ity Status (All organiz | zations mu | st comple | te this par | t.) See ins | tructions. | | | | | | |
|-----------|------------------|---|--|--------------------------|---------------------|--------------------|---------------------|----------------|--------------------|-----------------|---|----------|--------|--|
| The orga | anization is not | a private foundation | because it is: (For lines | 1 through | 11, check | only one b | oox.) | | | | | | | |
| 1 | A church, co | onvention of churche | es, or association of chur | ches desc | ribed in s e | ection 170 |)(b)(1)(A)(i |). | | | | | | |
| 2 | A school des | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) | | | | | | | | | | | | |
| з 🗆 | _ | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | | |
| 4 | ¬ ' | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | | | | | |
| | city, and sta | = | , | | • | | | | , | | | | , | |
| 5 | - ' · | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | | | |
| | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | | | |
| 6 🗆 | 7 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | | |
| 7 X | 7 | | | | | | | or from the | general | nub | lic deec | ribad i | 'n | |
| | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | |
| 8 <u></u> | _ | | section 170(b)(1)(A)(vi). | /Complete | Part II \ | | | | | | | | | |
| 9 = | | | ceives: (1) more than 33 | | | from contr | ibutione r | namharehi | n faer a | nd a | roce re | ceinte | from | |
| J | | | nctions - subject to certa | | | | | | | | | | | |
| | | | taxable income (less sec | | | | | | | | _ | | | |
| | | 509(a)(2). (Complet | • | tion on ta | ax) iloili be | 1211102202 | acquireu i | by the orga | unzauon | aner | June 2 | oo, 197 | J. | |
| 10 | - 1 | | e Fart III.) perated exclusively to te | et for publ | lio safaty | Soo cooti c | n 500(a)(| 4) | | | | | | |
| 11 | | | perated exclusively to te perated exclusively for the | | | | | | v out the | | 00000 | of ana | ۵ĸ | |
| 1 | - | - | perated exclusively for the ations described in secti | | | | | - | • | | | | Or | |
| | | | organization and compl | | | | z). Gee se i | Jeoc nons | ajtoj. On | BUK I | ule box | ulat | | |
| | a Type | | | ype III - Fu | · - | | | ayT 🔲 b | e III - No | n fun | otional | ly into | arotod | |
| е 🗀 | 7 '' | | at the organization is not | | ·= | _ | | • . | | | | | • | |
| Ç | | | than one or more publicl | | _ | _ | _ | | | | | | 11 | |
| f | | - | tten determination from t | , | - | | | | 5(a)(1) 01 | Seci | .1011 508 | ν(α)(∠). | | |
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| | | organization, check t | | | | | | | | · · · · · · · · | | | ш | |
| g | | | organization accepted ar | | | | | | | _ | | | | |
| | | | directly controls, either al | | | | | | | F | 44/3 | Yes | No | |
| | - | | upported organization? | | | | | | | | 11g(i) | | | |
| | | | n described in (i) above? | | | | | | | | 11g(ii) | | | |
| | | | person described in (i) | | | | | | | L | 11g(iii) | | | |
| h | Provide the 1 | rollowing information | about the supported or | ganization | (S). | | | | | | | | | |
| | | | I | (lat) In the c | rganization | (v) Did yo | u notifu the | (vi) le | tho | Γ | | | | |
| | ne of supported | (ii) EIN | (iii) Type of organization (described on lines 1-9 | | sted in your | | tion in col. | Torganizatio | on in col. | (Vii) | Amount | | netary | |
| UI | ganization | | | (222211222 21, 11144 , 2 | | document? | | r support? | (i) organiz U.S | ed in the .? | | sup | port | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | | | | | |
| | | | | 103 | | 703 | 110 | 103 | ,,,, | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se | ction A. Public Support | | | | | | |
|------|--|------------------------|-----------------------|---|---------------------|------------------|-----------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2,004,823. | 1,886,737. | 1,822,724. | 1,557,303. | 1,723,148. | 8,994,735. |
| 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 | 2,004,823. | 1,886,737. | 1,822,724. | 1,557,303. | 1,723,148. | 8,994,735. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 8,994,735. |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | 2,004,823. | 1,886,737. | 1,822,724. | 1,557,303. | 1,723,148. | 8,994,735. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 1,282. | | | | | 1,282. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | 157. | | | <u> 157.</u> |
| 11 | Total support. Add lines 7 through 10 | | | | | | 8,996,174. |
| 12 | Gross receipts from related activities, | , etc. (see instructio | ons) | | | 12 1 | ,382,473. |
| 13 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth ta | x year as a section | n 501(c)(3) | |
| | organization, check this box and stor | | | *************************************** | | | > |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2013 (| | | | | 14 | 99.98 % |
| | Public support percentage from 2012 | | | | | 15 | 99.98 % |
| 16a | 33 1/3% support test - 2013. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2012. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | | | |
| | | | | | Sche | dule A /Form 990 | or 000.E7\ 2013 |

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Se | ction A. Public Support | | | | | | |
|---------------|--|--------------------------|---------------------|------------------------|---------------------|---------------------------------------|---------------------------------------|
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | , , | | | | |
| | membership fees received. (Do not | | | |] | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions. | | | | | | |
| | merchandise sold or services per- | ļ | | | | | |
| | formed, or facilities furnished in | ļ | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | ļ | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | ļ | | | | | |
| | iness under section 513 | ļ | | | | | |
| 4 | *************************************** | | | | | | |
| 4 | Tax revenues levied for the organ- | ļ | | | | - | |
| | ization's benefit and either paid to | ļ | | | | | |
| _ | or expended on its behalf | | | | | | · · · · · · · · · · · · · · · · · · · |
| 5 | The value of services or facilities | ļ | | | | | |
| | furnished by a governmental unit to | ļ | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 78 | A Amounts included on lines 1, 2, and | ļ | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ŀ | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | | | , |
| 10 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| , | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | · · · · · · · · · · · · · · · · · · · |
| 12 | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation, |
| | check this box and stop here | | | | | | <u>▶</u> |
| $\overline{}$ | ction C. Computation of Publ | | | | | 1 1 | |
| 15 | Public support percentage for 2013 (| | | olumn (f)) | | 15 | <u>%</u> |
| 16 | Public support percentage from 2012 | | | | | 16 | % |
| | ction D. Computation of Inves | | | | | · · · · · · · · · · · · · · · · · · · | |
| | Investment income percentage for 20 | | | | | 17 | % |
| 18 | Investment income percentage from | 2012 Schedule A, I | Part III, line 17 | | | 18 | % |
| 198 | i 33 1/3% support tests - 2013. If the | organization did n | ot check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box a | nd stop here. The | organization quali | fies as a publicly s | supported organiz | ation | |
| k | 33 1/3% support tests - 2012. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | _ | | | | | |
| 20 | Private foundation. If the organization | | | | | | |

| Schedule A | (Form 990 or 990-EZ) 2013 Chicago Lights | 36-3786331 Page 4 |
|------------|--|--------------------------------|
| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of | or 17b; and Part III, line 12. |
| | Also complete this part for any additional information. (See instructions). | |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

| Ch | icago Lights | 36-3786331 | | | | |
|--|--|---|--|--|--|--|
| rganization type (check one): | | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | ile. See instructions. | | | | |
| General Rule | | | | | | |
| For an organization contributor. Compl | i filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mete Parts I and II. | oney or property) from any one | | | | |
| Special Rules | | | | | | |
| 509(a)(1) and 170(b | e)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the of Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| total contributions | o)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edu ruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| contributions for us If this box is check purpose. Do not co | e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to see exclusively for religious, charitable, etc., purposes, but these contributions did not to sed, enter here the total contributions that were received during the year for an exclusive amplete any of the parts unless the General Rule applies to this organization because its, etc., contributions of \$5,000 or more during the year | tal to more than \$1,000. Ily religious, charitable, etc., t received nonexclusively | | | | |
| aution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), ut 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 ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

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| ~ | _ | - u | \sim | | 9 | \sim |

36-3786331

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Charles Marks Jr. Charitable Trust 203 N. LaSalle Street, Suite 1620 Chicago, IL 60601 | \$ 170,165. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Jeanne Sullivan 175 E. Delaware Pl, Apt 6805 Chicago, IL 60611 | \$50,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Dancing Skies Foundation 1017 Lake Avenue Wilmette, IL 60091 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Fourth Presbyterian Church of Chicago 126 E. Chestnut Chicago, IL 60611 | \$133,816. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| Voc Birton | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

Chicago Lights

36-3786331

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | additional space is needed. | |
|------------------------------|---|--|----------------------|
| (a) No. from Part l | (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 |
| | | \$ | |
| (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 |
| | | \$ | |

| Name of org | panization | | | Employer identification number | | | | |
|---|---|--------------------------------------|---|--|--|--|--|--|
| Chicag | go Lights | | | 36-3786331 | | | | |
| Part III | Exclusively religious, charitable, etc., individually year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional | contributions of \$1,000 or less for |)(7), (8), or (10) organizations completing Part III, enter the year. (Enter this information one | ons that total more than \$1,000 for the | | | | |
| (a) No. from Part l | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | | |
| | Transferee's name, address, and | (e) Transfer of giff | | insferor to transferee | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 7,7 | (e) Transfer of gift | | | | | | | |
| _ | Transferee's name, address, and | ZIP + 4 | Relationship of tra | insferor to transferee | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | | |
| | | | | | | | | |
| - | | (e) Transfer of gift | <u> </u> | | | | | |
| | Transferee's name, address, and | ZIP + 4 | Relationship of tra | insferor to transferee | | | | |
| | - | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | | |
| | | | | | | | | |
| - | (e) Transfer of gift | | | | | | | |
| *************************************** | Transferee's name, address, and | ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Chicago Lights

Employer identification number 36-3786331

| | organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line | | o o ribodanto complete il die |
|-------|--|---|--|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advi | ised funds |
| | are the organization's property, subject to the organization's e | _ | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | for charitable purposes and not for the benefit of the donor or | | |
| | impermissible private benefit? | , , | · |
| Pa | t II Conservation Easements. Complete if the orga | anization answered "Yes" to Form 990, I | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | • |
| | Preservation of land for public use (e.g., recreation or ed | | storically important land area |
| | Protection of natural habitat | · — | tified historic structure |
| | Preservation of open space | | uniod Historia au doctara |
| 2 | Complete lines 2a through 2d if the organization held a qualific | ed conservation contribution in the form | of a conservation easement on the last |
| _ | day of the tax year. | ed conscivation contribution in the form | Tota conservation easement on the last |
| | day of the tax your. | | Held at the End of the Tax Year |
| 9 | Total number of conservation easements | | |
| b | | | |
| C | Number of conservation easements on a certified historic stru | cture included in (a) | ······ |
| d | Number of conservation easements included in (c) acquired a | | |
| u | | | |
| 3 | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or terminated by the | le organization during the tax |
| 4 | year ▶Number of states where property subject to conservation eas | | |
| | • • • • | | |
| 5 | Does the organization have a written policy regarding the periodical transport of transport of tran | | |
| c | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, a | _ | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and e | | |
| 8 | Does each conservation easement reported on line 2(d) above | - | |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | • | |
| | include, if applicable, the text of the footnote to the organizati | on's financial statements that describes | s the organization's accounting for |
| Day | conservation easements. t III Organizations Maintaining Collections of | Art Historical Tracques or C | Athor Cimilar Assats |
| il ci | Complete if the organization answered "Yes" to Form 9 | | Aller Sillinar Assets. |
| | | | |
| та | If the organization elected, as permitted under SFAS 116 (ASC | , | · |
| | historical treasures, or other similar assets held for public exhi | | ance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describ | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC | , , | |
| | treasures, or other similar assets held for public exhibition, ed | ucation, or research in furtherance of pu | ublic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical trea | sures, or other similar assets for financia | al gain, provide |
| | the following amounts required to be reported under SFAS 11 | | |
| а | Revenues included in Form 990, Part VIII, line 1 | •••••• | > \$ |
| b | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2013

| Schedule D (Form 990) 2013 CTT CdgC DTg | i C B | ٥ (| 7 3700331 Page |
|---|-------------------------|---|-------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" to | Form 990, Part IV, line | | 1.5 |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | id-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) Total (Col. (h) must sound Form 2000 Part V and (D) line 10.) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. | | | |
| | - F 000 B-+ IV II- | - 44 - 0 - 5 000 Dest V Bree 40 | |
| Complete if the organization answered "Yes" to (a) Description of investment | b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| | (D) DOOK VAILE | (C) Welliod of Valuation. Cost of en | - Harket value |
| (1) | | | |
| (2) | | | |
| (3) | | _ | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" to | Form 990 Part IV line | 11d See Form 990 Part X line 15 | |
| | escription | Transcort attraction to | (b) Book value |
| (1) | • | | , , |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | , | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | > | |
| Part X Other Liabilities. | • | | • |
| Complete if the organization answered "Yes" to | Form 990, Part IV, line | e 11e or 11f. See Form 990, Part X, line 25 | 5. |
| 1. (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) Due to Fourth Presbyterian | Church | | |
| (3) of Chicago | | 50,006. | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |

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

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

50,006.

| Sche | dule D (Form 990) 2013 Chicago Lights | | | 36-3 | 3786331 Page |
|-------|---|----------------|----------------------|---------|---------------------|
| Pai | t XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per f | | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | ***,****** | 1 | 1,852,865 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | . 2a | | | |
| b | Donated services and use of facilities | | | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | | | |
| е | | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | , | 3 | 1,852,865 |
| 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 | 42,500 | • | |
| c | Add lines 4a and 4b | | | 4c | 42,500 |
| _5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 1,895,365 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | nents Wit | h Expenses pe | r Retu | rn. |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | • | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,777,118 |
| 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 | | | |
| C | Other losses | . 2c | | | |
| d | Other (Describe in Part XIII.) | . 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,777,118 |
| 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 | 42,500. | • | |
| С | Add lines 4a and 4b | | | 4c | 42,500 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 1,819,618 |
| Pa | t XIII Supplemental Information. | | | | |
| Prov | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b | and 2b; Part V, line | 4; Part | X, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add | ditional infor | mation. | | |
| | | | | | |
| | | | | | |
| Par | ct X, Line 2: | | | | |
| | | | | | |

Income taxes: The accounting standard on accounting for uncertainty in income taxes addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this guidance, Chicago Lights may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of Chicago Lights and various positions related to the potential sources of unrelated business taxable income. The tax benefits recognized in the financial statements from such a position are measured based on the

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

| Chicago | Lights | | | | 36-3786 | 331 | | | | |
|--|--|---|-------------|-----------------------------------|--|---|--|--|--|--|
| Part I Fundraising Activities. required to complete this par | Complete if the organization answe t. | red "Y | es" to | Form 990, Part IV, I | ine 17. Form 990-EZ | filers are not | | | | |
| Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) | (II) Activity | (iii) fundr have ci or con contribu | trol of | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | | | | |
| | | Yes | No | | | | | | | |
| | | | | | | | | | | |
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| | | | > | | | | | | | |
| 3 List all states in which the organizatio or licensing. | n is registered or licensed to solicit | contrib | utions | s or has been notified | d it is exempt from re | egistration | | | | |
| | | | | | | | | | | |
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332082 09-12-13

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000, (a) Event #1 (b) Event #2 (c) Other events (d) Total events Mission None (add col. (a) through Benefit col. (c)) (event type) (event type) (total number) 375,172. 375,172. 1 Gross receipts 70,290. 70,290. 2 Less: Contributions 304,882. 304,882. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 143,361. Other direct expenses 143,361. 143,361. 10 Direct expense summary. Add lines 4 through 9 in column (d) 161,521. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor _ No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

| Sch | edule G (Form 990 or 990-EZ) 2013 Chicago Lights 36- | 3786 | 331 | Page 3 |
|------------------|---|-------------|--------|----------|
| 11 | | , III, | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | | Yes | □ No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| а | The organization's facility | 13a | | % |
| | An outside facility | | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name . | | | <u>.</u> |
| | Address > | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > and the amount of gaming revenue retained by the third party > \$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address > | | | |
| 16 | Gaming manager information: | | | |
| | Name ► | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | Description of services provided ▶ | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 17 | Mandatory distributions: | | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | 🔲 ነ | Yes | ☐ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | |
| <u> 22. 100.</u> | organization's own exempt activities during the tax year ▶ \$ | | | |
| Pai | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, | lines 9, 9 | 9b, 10 | b, 15b, |
| | 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). | | | |
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public 2013 Inspection

OMB No. 1545-0047

Š

Employer identification number General Operating Support 36-3786331 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 42,500 cash grant (c) IRC section if applicable 501(c)(3)36-2167080 Part I General Information on Grants and Assistance (b) EIN Chicago Lights criteria used to award the grants or assistance? 1 (a) Name and address of organization Chicago - 126 E. Chestnut Street Fourth Presbyterian Church of or government Name of the organization IL 60611 Chicago,

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Chicago Lights Schedule I (Form 990) (2013)

Page 2

36-3786331

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| Tuition | 0 | 67,118. | .0 | | |
| CCT Teaching Artists Stipends | 0 | 42,900. | .0 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in | luired in Part I, lin | e 2, Part III, column | (b), and any other a | Part I, line 2, Part III, column (b), and any other additional information. | |
| Part I, Line 2: | | | | | |
| The grants awarded are for private sch | school | ool tuition paid on | id on | | The control of the co |

students. Chicago Lights pays the schools directly. behalf

o£

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ,

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Chicago Lights

Form 990, Part III, Line 4d, Other Program Services:

Employer identification number 36-3786331

Form 990, Part I, Line 1, Description of Organization Mission: poverty. Through supportive relationships and diverse programs, we empower people to thrive academically, secure economic stability, lead healthy lives, and build community.

CL Academic Success in Schools (CLASS): Chicago Lights Academic Success in Schools promotes learning and creative self-expression through drama and dance classes taught by professional artists throughout the school year for nearly 1,000 students who attend under-resourced elementary schools in Chicago.

Expenses \$ 147,984. including grants of \$ 0. Revenue \$ 0.

Urban Farm: The Chicago Lights Urban Farm increases economic opportunities for youth and community residents in the Cabrini Green neighborhood through access to organic produce, nutritional education, workforce training, and microenterprise development. Children are offered opportunities to learn urban agriculture practices and cooking techniques and to participate in arts and science activities. Expenses \$ 167,821. including grants of \$ 0. Revenue \$ 6,021.

Summer Day (SD): Summer Day provides a safe place to learn and engage in academic classes and arts activities for 100 1st through 8th graders for 6 weeks each summer. Students primarily from the Near North, West Town, and Humboldt Park neighborhoods come to the Church for classroom instruction in writing, reading, and math in the mornings; and art

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

Schedule O (Form 990 or 990-EZ) (2013)

slate of condidates provided by the nominating committee of Fourth

332212 09-04-13

Chicago Lights

Employer identification number 36-3786331

Presbyterian Church for those Directors who are members of the church and by the Corporation's Board from a slate provided by the Corporation's nominating committee. The Board shall appoint a Director to serve on the nominating committee of the Church and shall provide the nominating committee with criteria, qualifications, and expected responsibilities of Directors to be elected.

Form 990, Part VI, Section B, line 11:

The Treasurer, Executive Director, Director of Business

Administration, and Controller perform a detailed review of the Form 990

prior to filing. A final draft is circulated to each board member for any

final revisions prior to filing.

Form 990, Part VI, Section B, Line 12c:

Board members are required to sign the conflict of interest

policy, disclosing any interests that could give rise to conflicts, on an

annual basis. The conflict of interest policy is monitored periodically

through the year by the CEO and certain board board members. If a conflict

exists, the conflicted board member(s) may not vote on decisions involving

their interests.

Form 990, Part VI, Section B, Line 15:

The Personnel Committee of Fourth Presbyterian Church

determines the compensation of the Executive Director. A personnel

consultant was hired in 2007-2008 to evaluate the appropriateness of

compensation of all employees. The consultant issued recommendations to the

Personnel Committee, based on comparability data and market research, and

those recommendations were implemented during 2008.

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|--|---|
| Name of the organization Chicago Lights | Employer identification number 36-3786331 |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| Chicago Lights makes its governing documents, policies, as | nd |
| financial statements available to the public upon request | |
| Thanetal scatements available to the public upon request | • |
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SCHEDULE R (Form 990)

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ➤ See separate instructions. ▶ Attach to Form 990.

OMB No. 1545-0047 2013

Information about Schedule R (Form 990) and its instructions is at www its gov/form990

Open to Public Inspection

Chicago Lights Department of the Treasury Internal Revenue Service

Part

Employer identification number 36-3786331 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Name of the organization

(g) Section 512(b)(13) controlled entity? ž × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. £ Direct controlling entity End-of-year assets N/A status (if section 501(c)(3)) <u>e</u> Public charity Line 1 Total income Exempt Code ਉ section 501(c)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Illinois Primary activity Primary activity € Thurch 36-2167080, 126 E. Chestnut Street, Chicago, Fourth Presbyterian Church of Chicago Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 60611 Part

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

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 Chicago Lights

Identification 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 more related organizations treated as a partnership during the tax year. Part III

Schedule R (Form 990) 2013 Seneral or Percentage managing ownership Yes No Section 512(b)(13) controlled entity? 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. 3 Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule 1 K-1 (Form 1065) **y** Share of end-of-year assets Ξ Ø Disproportionate Yes allocations? Ξ Share of total income £ Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) **©** Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē (e) Legal domicile (state or foreign country) <u>ت</u> (d)
Direct controlling
entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 332162 09-12-13 Part IV

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

| Note. Complete line 1 if any entity is listed in Parts III or IV of this schedule | THE STATE OF THE S | TOTAL CONTRACTOR OF THE CONTRA | The state of the s | | > > | 2 |
|--|--|--|--|----------------------------|--------------------|------|
| 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? | ns with one or more re | lated organizations listed | in Parts II-IV? | | ű | 2 |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | • | | 12 | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | = | × | |
| (0) | | | | ۲ | × | |
| | | | | 2 | | × |
| | | | | <u>a</u> | | × |
| f Dividends from related organization(s) | | | | ÷ | 555 550 340) | × |
| a Sale of assets to related organization(s) | | | | = 5 | | × |
| Purchase of assets from related organization(s) | | | | 2 4 | | × |
| | | | | F | | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | = | | × |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | , | × | |
| 1 Performance of services or membership or fundralsing solicitations for related organization(s) | lanization(s) | | | Ŧ | | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | <u> </u> | | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | tion(s) | 1 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | Ę | | × |
| o Sharing of paid employees with related organization(s) | | | | 9 | × | |
| 2 | | | | | | × |
| | | | | 2 0 | | × |
| | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | + | | × |
| ,, | | | | 1s | | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | who must complete th | is line, including covered | relationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a·s) | (c) Amount involved | (d) Method of determining amount involved | nvolved | | |
| (1) | T T T T T T T T T T T T T T T T T T T | | TO THE PROPERTY OF THE PROPERT | | | |
| (2) | 777 | TO THE SAME | | | | |
| (5) | | TO TO MANAGE | 0 0 0 0 0 0 0 0 | | | |
| (4) | | | | | | |
| (5) | | anni della | | | | |
| (9) | | | | | | |
| 332163 09-12-13 | 3.7 | | Schedule | Schedule R (Form 990) 2013 | (066 | 2013 |

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.

| (k) vrcentage wnership | | | | | |
|--|---------|--|--------|---|--|
| General or Percentage managing ownership | | | | | |
| (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | | | |
| (h) Disproportionate allocations? | | | | | |
| (g) Share of end-of-year assets | | | | | |
| (f) Share of total income | 1010010 | | | · | |
| (e) Are all partners sec. 501(c)(3) onns.? | | | | | |
| Predominant income (related, unrelated, excluded from tax under section 512-514) | | | 7.7.7 | | |
| (c) Legal domicile (state or foreign country) | | | : : | | |
| (b) Primary activity | | | | | |
| (a) Name, address, and EIN of entity | | | | | |

Schedule R (Form 990) 2013

| Schedule R | (Form 990) 2013 Supplemental Infor | Chicago | Lights | | 36-3786331 | Page 5 |
|---|---|-------------------|---------------------------------------|---|--|--------|
| Part VII | Supplemental Infor | rmation | | | | |
| - | Provide additional inform | ation for respons | es to questions on Schedule F | R (see instructions). | | |
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