IRS e-file Signature Authorization for an Exempt Organization For calendar year 2020, or fiscal year beginning ______, 2020, and ending ______, 20____ Do not send to the IRS. Keep for your records.

| Name of exempt organization or person subject to tax | Dame of exempt organization or person subject to tax Taxpayer identification number | Department of the Treasury Internal Revenue Service | | rm8879EO for the latest information. | | |
|--|--|--|--|--|--|---|
| James and tillio of officer or person subject to tax Crindly Hull Treasurer | Name and title of officer or person subject to tax Cindy Hull Treasurex [PartI | | | THOO TO LEGGE MICHIGAN | Taxpayer | identification number |
| Treasurer Candy Hull | Treasurer Part Type of Return and Return Information (whole Dollars Only) | | | | | , |
| Cindy Hull Treasurer Part 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 6b, or 7b, 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 one line in Part I. 1a Form 990 check here Image: Ima | Cindy Hull Treasurer Part Type of Return and Return Information (Whole Dollars Only) | Chicago Lights | \$ | | 36-3 | 786331 |
| Treat I 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leaves line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 7b, whichever is applicable, blank (on or enter or). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990-EZ check here | Part I | • | son subject to tax | | | |
| Part I Type of Return and Return Information (Whole Dollars Only) | Part II Type of Return and Return Information (Whole Dollars Only) | _ | | | | |
| Check the box or 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 1s, 2s, 3s, 4s, 5s, 6s, or 7s below, and the amount on that tine for the return being filed with this form was blaint, then leave line 1s, 2s, 3s, 4s, 5s, 6s, or 7s, below, and the amount on that tine for the return file filed with this form was blaint, the leave line 1s, 2s, 3s, 4s, 5s, 6s, or 7s, below, and the amount on that tine for the return filed with this form was blaint, the leave line 1s, 2s, 3s, 4s, 5s, 6s, or 7s, below, and the amount of the filed line for the return filed line for the return filed line for the filed line filed line for the filed line filed line for the filed line for the filed line filed line for the filed line filed line filed line filed line filed line filed line for the filed line fil | 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 it, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filled with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter 4-0). But, if you entered 4-0 on the return, then enter 4-0 on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here | Treasurer | | | | |
| check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filled with this form was blank, the news line 1b, 2b, 3b, 4b, 5b, 6b, 0c, 7b, whichever is applicable, blank (6) not enter-0-0. But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here | check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one line in Part I. 1a Form 990 check here | | | | | |
| 2a Form 990-EZ check here b b Total rax (Form 1120-POL, line 9) 2b 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 3b | 2a Form 990-EZ check here b b Total tax (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b b Total tax (Form 1120-POL line 2D) 3b 4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b b Balance due (Form 8868, line 3c) 5b 6a Form 8868 check here b b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720, Part III, line 4) 7b Part III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 1 am an officer of the above organization or (IEIN) and that I have examin of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) tend the 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 pressing the enturn or ration, and (c) the date of any primer. I applicable, authorize the U.S. Treasury Financial Agent at 1-888 353-34537 no late the U.S. Treasury Financial Agent at 1-888 353-34537 no late than 2 business days prior to the payment (settlement) date, 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. The payment of the payment information necessary to answer inquiries and resolve issues related to the payment. The payment of the return is disclosure consent screen. | check the box on line 1a, 2 blank, then leave line 1b, 2 | 2a, 3a, 4a, 5a, 6a, or 7a below, and the amo b, 3b, 4b, 5b, 6b, or 7b, whichever is applic | ount on that line for the return being filed wi cable, blank (do not enter -0-). But, if you en | ith this form | was |
| 2a Form 990-EZ check here b b Total rax (Form 1120-POL, line 9) 2b 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 22) 3b | 2a Form 990-EZ check here b b Total tax (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b b Total tax (Form 1120-POL, line 25) 3b 4b 5a Form 8868 check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b b Balance due (Form 8868, line 3c) 5b 6a Form 890-T check here b b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720, Part III, line 4) 7b 7a Form 4720, Part III, line 4) 7b 7b Part III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 1 am an officer of the above organization or (EIN) and that I have examin of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) tender that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) tender that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) tender that the electronic return. I the RS 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 pressing the electronic and the tender of the RS 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 pressing the electronic and the data of any reliable authorize the U.S. Treasuny Financial Agent at 1.888 353-3537 nol test the U.S. Treasuny Financial Agent at 1.888 353-3537 no lat | 1a Form 990 check here | X b Total revenue, if any (Form | 990, Part VIII, column (A), line 12) | 1b | 2,685,055. |
| 3a Form 1920-PC check here | 3a Form 1120-POL check here | | ere b C b Total revenue , if any (Fo | orm 990-EZ, line 9) | 2b | |
| 4a Form 980-PF check here | 4a Form 980-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here b b Balance due (Form 8868, line 3c) 5b 6a Form 980-T check here b b Total tax (Form 8868, line 3c) 5b 6a Form 980-T check here b b Total tax (Form 980-T, Part III, line 4) 6b 7a Form 4720 check here b b Total tax (Form 4720, Part III, line 4) 7b 7b 7b 7b 7b 7b 7b 7b 7b 7 | 3a Form 1120-POL check | chere b D b Total tax (Form 112 | 0-POL, line 22) | 3b | |
| 5a Form 8868 check here b b Total tax (Form 990-T check here b b Total tax (Form 990-T part III, line 4) 6b 7a Form 4720 check here b b Total tax (Form 990-T, Part III, line 4) 7b Part III Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that | 5a Form 8868 check here b b b alance due (Form 8868, line 3c) 5b 6a Form 990-T check here b b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here b b Total tax (Form 990-T, Part III, line 1) 7b Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) and that I have examin of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return orginator (ERO) to send the 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 federal taxes owed on this return, and the financial institution to debit 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 thexes 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ERO firm name ERO firm name ERO firm name ERO firm name that a co | 4a Form 990-PF check he | ere b b Tax based on investme | ent income (Form 990-PF, Part VI, line 5) | 4b | |
| 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) | Ta Form 4920 check here | 5a Form 8868 check here | b Balance due (Form 886 | 8, line 3c) | 5b | |
| Ta Form 4720 check here b Total tax (Form 4720, Part III, line 1) To | Part II Declaration and Signature Authorization of Officer or Person Subject to Tax | 6a Form 990-T check her | e b Total tax (Form 990-T, F | Part III, line 4) | 6b | |
| Under penalties of perjury, I declare that \(\frac{\text{X}}{\text{ I am an officer of the above organization or (anne of organization)} \) and that I have examined a co of the 2020 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 electronic return consent to allow my intermediate service provider, transmitter, or electronic return organization. (B) the centre of the return or the IRS and to reaceive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmissions, (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 federal taxes owed on this return, and the financial institution to debit here try 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 institution is involved in the processing of the electronic pyment 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize RSM US LIP ER0 firm name ER0 firm name The firm of the return is being filed with a state agency(es) 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 or person subject to tax with respect to the organization, I will enter my | Under penalties of perjury, I declare that \$\overline{X}\$ I am an officer of the above organization or \$\text{(RIN)}\$ and that I have examin of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 (circut debit) entry to the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-453 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ERO firm name ERO firm name The prior of the return is desclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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 as my signature on the tax year 2020 electronically filed return. If I have indicated within this return th | 7a Form 4720 check here | b Total tax (Form 4720, P | art III, line 1) | 7b | |
| (name of organization) | (name of organization) | Part II Declarati | on and Signature Authorization of | of Officer or Person Subject to Ta | ax | |
| as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax Date Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filling identification number (EFIN) followed by your five-digit self-selected PIN. 15911660620 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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. | as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros | of the 2020 electronic retur true, correct, and complete I consent to allow my interr to receive from the IRS (a) processing the return or ref Agent to initiate an electror software for payment of the a payment, I must contact (settlement) date. I also aut confidential information ned identification number (PIN) PIN: check one box only | In and accompanying schedules and staten In further declare that the amount in Part I nediate service provider, transmitter, or elean acknowledgement of receipt or reason fund, and (c) the date of any refund. If applic funds withdrawal (direct debit) entry to the federal taxes owed on this return, and the the U.S. Treasury Financial Agent at 1-8884 horize the financial institutions involved in the cessary to answer inquiries and resolve issue as my signature for the electronic return and the control of the control of the cestonic return and the cestonic r | nents, and, to the best of my knowledge an above is the amount shown on the copy of ctronic return originator (ERO) to send the r for rejection of the transmission, (b) the rea icable, I authorize the U.S. Treasury and its he financial institution account indicated in financial institution to debit the entry to thi 353-4537 no later than 2 business days priche processing of the electronic payment of Jes related to the payment. I have selected | d belief, they the electroni eturn to the son for any o designated the tax prep- sor account. for to the payr taxes to rece a personal unds withdray | r are c return. IRS and Jelay in Financial aration o revoke nent eive |
| as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 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 2020 electronically filed return 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. | as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Date Do not enter all zeros | A lauthorize Kar | | BOW 0 | _ to enter m | · 1 |
| 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 15911660620 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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. | 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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. Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros | | EKO IIIM | name | | do not enter all zeros |
| Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 15911660620 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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. | Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 15911660620 Do not enter all zeros | a state agency(ie PIN on the return As an officer or p electronically filed regulating charitie | s) regulating charities as part of the IRS Fed's disclosure consent screen. erson subject to tax with respect to the orgon treturn. If I have indicated within this returnes as part of the IRS Fed/State program, I v | d/State program, I also authorize the aforen ganization, I will enter my PIN as my signatu n that a copy of the return is being filed with | nentioned EF are on the tax an a state age consent scre | RO to enter my syear 2020 ncy(ies) en. |
| 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 2020 electronically filed return 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. | number (EFIN) followed by your five-digit self-selected PIN. 15911660620 Do not enter all zeros | | | | | 1-11-7 |
| Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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. | Do not enter all zeros | ERO's EFIN/PIN. Enter you | ır six-digit electronic filing identification | | | |
| 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. | I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm | number (EFIN) followed by | your five-digit self-selected PIN. | | | |
| ERO's signature ► RSM US LLP Date ► 10/13/21 | that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized | that I am submitting this ret | turn in accordance with the requirements o | • | | |
| | ERO's signature ► RSM US LLP Date ► 10/13/21 | ERO's signature ▶ RSM \ \tag{\tag{V}} | JS LLP | Date ▶ 10 | /13/21 | |

Do Not Submit This Form to the IRS Unless Requested To Do So

Extended to November 15, 2021

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form **990**

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

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

| \ Fo | r the | 2020 calendar year, or tax year beginning and e | ending | | | | | | |
|-------------------------|--|--|---------------|-------------------------------|-------------------------------|--|--|--|--|
| | eck if | C Name of organization | | D Employer identifica | ition number | | | | |
| ap | eck if olicable: | O manus or organization | | | | | | | |
| | Addres: change | Chicago Lights | | | | | | | |
| | cnange Name change | Doing business as | | 36-378633 | 1 | | | | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | | | |
| L | return Final | 126 E. Chestnut Street | | 312-787-4 | 570 | | | | |
| 1 | return/ | | | G Gross receipts \$ | 2,850,325. | | | | |
| | termin- ated Amend | | | H(a) Is this a group ret | urn | | | | |
| | return | 1 1 7 7 7 7 7 | e | for subordinates? | Yes X No | | | | |
| | Applica tion pendin | F Name and address of principal officer: INTCHOTAS VAIDSESSING | | H(b) Are all subordinates inc | luded? Yes No | | | | |
| | | same as c above | or 527 | If "No." attach a li | st. See instructions | | | | |
| I T | ax-exe | mor status, 121 100 (c)(c) | 01 | H(c) Group exemption | | | | | |
| J W | /ebsit | e: Www.chicagolights.org | I Voor | of formation: 1991 M | State of legal domicile: IL | | | | |
| | | organization: (A) corporation [] Track | L 1 tai | of formation, == = = tel | | | | | |
| Pa | rt l | Summary | Cahedii | 100 | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: See | Schede | ite o | | | | | |
| Activities & Governance | | | | | ate | | | | |
| a a | 2 | Check this box if the organization discontinued its operations or dispose | sed of more | than 25% of its fiet assi | 18 | | | | |
| Ş | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 18 | | | | |
| ගී | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 0 | | | | |
| જ | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | 5 | 1200 | | | | |
| tie | 6 | Total number of volunteers (estimate if necessary) | | 6 | | | | | |
| ťi | 72 | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. | | | | |
| Ą | , a | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | | |
| | D | THE UTICIALES BUSINESS CANADIS INCOME. | | Prior Year | Current Year | | | | |
| | | Contributions and grants (Part VIII, line 1h) | | 2,392,308. | 2,795,289. | | | | |
| ě | 8 | | | 43,877. | 19,709. | | | | |
| Revenue | 9 | | | 823. | 1,157. | | | | |
| કુ | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -116,858. | -131,100. | | | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 2,320,150. | 2,685,055. | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 177,643. | 135,350. | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 1,832,784. | 1,898,808. | | | | |
| ģ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | <u> </u> | | | | | |
| g. | b | Total fundraising expenses (Part IX, column (D), line 25) 289,7 | 41. | F10 F70 | 350,226. | | | | |
| ũ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 510,572. | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,520,999. | 2,384,384. | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -200,849. | 300,671. | | | | |
| Jo. | | | В | eginning of Current Year | End of Year | | | | |
| Sts (| 20 | Total assets (Part X, line 16) | | 876,886. | 997,898. | | | | |
| l Assets | 21 | Total liabilities (Part X, line 26) | | 269,892. | 90,233. | | | | |
| Net. | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 606,994. | 907,665. | | | | |
| P | art II | Signature Block | | | | | | | |
| Unc | lar nar | nalties of perjury, I declare that I have examined this return, including accompanying schedul | es and stater | nents, and to the best of my | / knowledge and belief, it is | | | | |
| true | iei hei | ect, and complete. Declaration of preparer (other than officer) is based on all information of v | vhich prepare | er has any knowledge. | | | | | |
| uut | , соп | Cynthia Hall | | | | | | | |
| ٠. | | Signature of officer | | Date / | 21/201 | | | | |
| Sig | | Cindy Hull, Treasurer | | 70/0 | 51/602/ | | | | |
| He | re | Type or print name and title | | | | | | | |
| | | | | Date Check | PTIN | | | | |
| | | 1 Timo Typo proparor o manio | | if self-emplo | yed P01247672 | | | | |
| Pai | | Rebekuh Eley | | Firm's FIN | 42-0714325 | | | | |
| | | | | | | | | | |
| Us | Use Only Firm's address 30 S. WACKER DRIVE, STE 3300 CHICAGO II, 60606 Phone no.312-634-3400 | | | | | | | | |
| | | CHICAGO, IL 60606 | | Filolic ilo. 5 4 | X Yes No | | | | |
| Ma | y the | IRS discuss this return with the preparer shown above? See instructions | | *************** | 22 Tes100 | | | | |

Other program services (Describe on Schedule O.)

70,000.) (Revenue \$ 175.)

Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete X 8 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? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12h If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? 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 aggregate grants or other assistance to or for foreign individuals? |f "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? |f "Yes," complete Schedule G, Part | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes." Х complete Schedule G, Part III 19 X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2020) Chicago Lights
Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|---|-----|----------------------|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| - | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | <u> </u> | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | - Charles are server | |
| - | "Yes," complete Schedule L, Part IV | 28a | | x |
| h | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | х |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>[f</i> | | | |
| _ | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| - | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| J-7 | Part V, line 1 | 34 | х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| _ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| ٥. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | | 38 | x | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | | | • |
| L | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | | 7 | 1 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | 1 | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| | | | | |

Page 5

Part V

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5а Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5_b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a Х b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a _10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) Chicago Lights 36-3/86331 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X |
|----------|--|-----------|-------------------|---------|--------|------------|---|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 18 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 18 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with a | inv other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | | Ċ |
| | | | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form S | | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | 5 | | X |
| 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 ap | | | | | | |
| | more members of the governing body? | | | | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | | | | | |
| _ | persons other than the governing body? | | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | |
| а | The governing body? | - | = | | 8a | Х | - Commence of |
| 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 rea | | | | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | | | ***** | | | |
| | This Section B requests information about policies not required by the internal re- | venue | COGE./ | | | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | | | 1 | 10a | 100 | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | 104 | | |
| D | , | | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | | | | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | y boloi | e ming the form | | l I CA | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X | |
| 12a | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | X | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " | | | | 120 | 21 | |
| С | in Schedule O how this was done | | | | 12c | Х | |
| 40 | | | | | 13 | X | |
| 13 | Did the organization have a written whistleblower policy? | | | | 14 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | 14 | 27 | A. C. |
| 15 | Did the process for determining compensation of the following persons include a review and approve | ai by ini | dependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | Х | 6:45 (10) |
| | The organization's CEO, Executive Director, or top management official | | | •••• | 15a | | ~ |
| b | Other officers or key employees of the organization | | | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | *** | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | | | | | v |
| | taxable entity during the year? | | | • • • • | 16a | ida kabasa | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | | |
| <u> </u> | exempt status with respect to such arrangements? | | | | 16b | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶IL | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | nd 990 | -T (Section 501 | (c)(3)s | only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | X Own website Another's website X Upon request Other (explain | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | onflict o | of interest polic | y, and | financ | cial | |
| | statements available to the public during the tax year. | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | oks and | d records 🕨 | | | | |
| | Shannon Kershner - 312-573-3361 | | | | | | |
| | 126 E. Chestnut Street, Chicago, IL 60611 | | | | | | |

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.

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

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

| (A) Name and title | (B) Average hours per week | box | not c , unle | ss per | ition more son i | than o | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|---------------------------------|--|--------------------------------|-----------------------|----------|------------------------|---------------------------------|----------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Stacy Jackson | 40.00 | - | | | | | | | 400.01- | |
| Executive Director | 0.00 | <u> </u> | <u> </u> | X | ļ | <u></u> | <u> </u> | 0. | 129,345. | 22,811. |
| (2) Victoria Curtiss | 1.00 | ł | | | | ŀ | | | | |
| Director (Until 5/1/20) | 40.00 | X | <u> </u> | | ļ | | ļ | 0. | 25,710. | 9,231. |
| (3) Chad Tischer | 1.00 | | | | | | | | | |
| President | 0.00 | X | ļ | Х | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| (4) Elinor Hite | 1.00 | - | | | | | | | _ | |
| Vice-President (Until 12/31/20) | 0.00 | X | <u> </u> | Х | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (5) Andrea Person | 1.00 | | | | | | | | _ | _ |
| Vice-President | 0.00 | X | ļ | X | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (6) Amy Gullinson | 1.00 | | | | | | | _ | _ | _ |
| Secretary | 0.00 | X | ļ | X | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (7) Nicholas VanDerSchie | 1.00 | ļ | | | | | 1 | | _ | |
| Treasurer | 0.00 | X | | X | | _ | _ | 0. | 0. | 0. |
| (8) Cindy Hull | 1.00 | ļ | | | | | | | | |
| Assistant Treasurer | 0.00 | X | <u> </u> | X | | ļ | | 0. | 0. | 0. |
| (9) Lafayette Kyle Ford | 1.00 | ļ | | | | | | | | |
| Director | 0.00 | X | ļ | | | | <u> </u> | 0. | 0. | 0. |
| (10) Ken Walker | 1.00 | ļ | | | | | | | | |
| Director | 0.00 | X | <u> </u> | | | <u> </u> | | 0. | 0. | 0. |
| (11) Kathryn Bates | 1.00 | | | | | | ļ | | | |
| Director | 0.00 | X | <u> </u> | <u> </u> | ļ | $oxed{igspace}$ | | 0. | 0. | 0. |
| (12) Joe Feldman | 1.00 | | | | | | | | _ | _ |
| Director (Until 5/1/20) | 0.00 | X | ļ | ļ | | <u> </u> | ļ | 0. | 0. | 0. |
| (13) Amanda Felt | 1.00 | | | | | | | | _ | _ |
| Director | 0.00 | X | ļ | <u> </u> | ļ | igspace | ļ | 0. | 0. | 0. |
| (14) Ellen Gignilliat | 1.00 | l | | | | | | | | _ |
| Director (Until 5/1/20) | 0.00 | X | _ | _ | <u> </u> | <u> </u> | | 0. | 0. | 0. |
| (15) Jim Gould | 1.00 | ┨ | | | | | | | | |
| Director (Until 5/1/20) | 0.00 | X | ļ | ļ | ļ | — | ļ | 0. | 0. | 0. |
| (16) Cynthia Joho | 1.00 | | | | | | | | | |
| Director | 0.00 | X | - | <u> </u> | _ | <u> </u> | \vdash | 0. | 0. | 0. |
| (17) William D. Patterson | 1.00 | ١., | | | | | | | _ | _ |
| Director | 0.00 | X | <u></u> | <u></u> | <u></u> | <u></u> | | 0. | 0. | 0. |

| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | loy | ees, | anc | <u>i Hi</u> | ghes | t C | ompensated Employee | s (continued) | | |
|--|--------------------------|--------------------------------|-----------------------|--|--------------|------------------------------|-------------|-------------------------|---|-------------|--------------------|
| (A) | (B) | | | | C) | | | (D) | (E) | | (F) |
| Name and title | Average | / | | | itior | | | Reportable | Reportable | | Estimated |
| | hours per | box | not ch , unles | s pe | rson i | is both | n an | compensation | compensatio | n | amount of |
| | week | | cer an | dad | lirecto | or/trus | tee) | from | from related | | other |
| | (list any | ector | | | | 1 | | the | organizations | | compensation |
| | hours for | or dir | 92 | | | ated | | organization | (W-2/1099-MIS | SC) | from the |
| | related organizations | stee | truste | | a | pensi | | (W-2/1099-MISC) | | | organization |
| | below | lal tru | onal | | ploye | E e e | | | | | and related |
| | line) | Individual trustee or director | Institutional trustee | Officer | Кеу етрюуее | Highest compensated employee | Former | | | | organizations |
| (18) Virginia Pillman | 1.00 | = | = | 0 | 32 | 王市 | 12 | | | | |
| | 0.00 | x | | | | | | 0. | | 0. | 0 |
| Director (Until 5/1/20) | | Δ | \vdash | | | | | U • | *************************************** | 0. | 0 |
| (19) Brian Van Klompenberg | 1.00 | ٦, | | | | | | | | , | 0 |
| Director (Until 5/1/20) | 0.00 | X | \vdash | | <u> </u> | | _ | 0. | | 0. | 0 |
| (20) Kimberly Watson | 1.00 | | | | | | | | | | 0 |
| Director (Until 5/1/20) | 0.00 | X | | | ↓ | | <u> </u> | 0. | | 0. | 0 |
| (21) Naresh Koka | 1.00 | | | | | , | | | | | |
| Director | 0.00 | X | | | <u> </u> | | <u> </u> | 0. | | 0. | 0 |
| (22) Joseph E. Tyler III | 1.00 | | | | | | 1 | | | | |
| Director | 0.00 | X | | | | | <u> </u> | 0. | ····· | 0. | 0 |
| (23) John Marr | 1.00 | | | | | | | | | 1 | |
| Director | 0.00 | X | | | | | | 0. | | 0. | 0 |
| (24) Andy McGann | 1.00 | | | | | | ŀ | | | | |
| Director | 0.00 | Х | | | | | ŀ | 0. | | 0. | 0 |
| (25) Beth Truett | 1.00 | | | | | | | | | | |
| Director | 0.00 | Х | | | | | | 0. | | 0. | 0 |
| (26) Georgia Tsagalis | 1.00 | | | | | | Ī | | | | |
| Director | | X | | | | | | 0. | | 0. | 0 |
| 1b Subtotal | | | | | | | > | 0. | 155,05 | 55. | 32,042 |
| c Total from continuation sheets to Part VI | | | | | | | | 0. | | 0. | 0 |
| d Total (add lines 1b and 1c) | | | | | | | | 0. | 155,05 | | 32,042 |
| Total number of individuals (including but n | | | | | | | o re | | <u> </u> | | |
| compensation from the organization | or minica to th | 030 | iioto | u ui | JO V C | J, WI | 10 10 | soowed more than proe, | ooo or reportable | • | (|
| Compensation from the organization | | | | ······································ | | | | | | | Yes No |
| 3 Did the organization list any former officer, | director truct | 00 1 | /OV 0 | mn | lovo | | hia | shoet componented omn | lavaa an | | |
| | | | | | | | | | | | 3 X |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 X |
| 4 For any individual listed on line 1a, is the su | • | | • | | | | | • | • | | 4 X |
| and related organizations greater than \$150 | | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive or a | • | | | | - | | | - | | | - v |
| rendered to the organization? If "Yes." com | <u>plete Schedul</u> | e J f | or su | ich , | pers | son | | | | | 5 X |
| Section B. Independent Contractors | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | - | ensat | ion from |
| the organization. Report compensation for | the calendar ye | ear e | endir | ig w | /ith (| or wi | thin | | ear. | | |
| (A) Name and business | addraga | 37/ | ~ * * * * * | 4 | | | | (B) Description of s | onicas | 0 | (C) ompensation |
| Ivalie and pusiness | auuress | 1/1 | INC | <u>.</u> | | | - | Description of s | services | | ompensation |
| | | | | | | | | | | | |
| NAMES OF THE PROPERTY OF THE P | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but n | ot lir | nited | to l | tho | se lis | sted | above) who received m | ore than | | |
| \$100,000 of compensation from the organi | zation 🕨 | | | | (| 0 | | | | | |

| Form 990 Chicago I | lights | | | | | | | | 36-378 | 022T |
|--|---|---|--------------|--|----------------|--------------|--|------------------------------------|--|---|
| Part VII Section A. Officers, Directors, Tru | ıstees, Key En | nplo | yee: | s, aı | nd H | lighe | est | Compensated Employe | es (continued) | |
| (A) . Name and title | (B) Average hours | | | (C Pos | C) ition | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | k hy for a more standing from the line of the more standing from | | other compensation from the organization and related organizations | | | | | | |
| (27) Norma Borcherding | 1.00 | 37 | ļ | | | | | 0 | _ | 0 |
| Director | 0.00 | Х | - | | <u> </u> | | | 0. | 0. | 0. |
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| | • | | *********** | *************************************** | | ********** | ********** | | | |
| Total to Part VII, Section A, line 1c | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> | | | | | |
| | | | | | | | | | | |

36-3786331

| | | Check if Schedule O contains a response of | or note to any line | e in this Part VIII | | | |
|--|-----------|--|---------------------|----------------------|--------------------------|---|---|
| | | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| रे रे | 1 a | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | | | | | |
| Ω, ğ | С | Fundraising events1c | 723,351. | | | | |
| ar A | | Related organizations 1d | 42,386. | | | | |
| s, G | | | | | | | |
| ë is | f | All other contributions, gifts, grants, and | | | | | |
| but | | similar amounts not included above 1f | 2,029,552. | | | | 200 |
| ĒÖ | g | Noncash contributions included in lines 1a-1f | | | | | |
| <u>a</u> <u>S</u> | h | Total. Add lines 1a-1f | | 2,795,289. | | | |
| | | | Business Code | | | | |
| g. | 2 a | Urban Farm | 611600 | 19,534. | 19,534. | | |
| ا ج | b | CL Dance Academy | 611600 | 175. | 175. | | |
| Se | С | | | | | | |
| am | d | | | | | | |
| Program Service Revenue | е | 1,100 | | | | | |
| ፈ | f | All other program service revenue | | | | | |
| \square | g | Total. Add lines 2a-2f | | 19,709. | | | |
| | 3 | Investment income (including dividends, interes | st, and | | | | |
| | | other similar amounts) | ▶ | 1,157. | | | 1,157. |
| | 4 | Income from investment of tax-exempt bond pr | roceeds 🕨 | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | | | | | | |
| | | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory 7a | | | | | |
| - | b | Less: cost or other basis | | | | | |
| nge | | and sales expenses | | | | | |
| ē | | Gain or (loss) 7c | | | | | |
| Ğ. | | Net gain or (loss) | | | | | |
| Other Revenue | 8 a | Gross income from fundraising events (not | | | | | |
| Ò | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | 24 170 | | | | |
| | | Part IV, line 18 8a | 34,170. | | | | |
| | | Less: direct expenses 8b | 165,270. | -131,100. | | | -131,100. |
| | | Net income or (loss) from fundraising events | | -131,100. | | | -131,100. |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 9a Less: direct expenses 9b | | | | | |
| | | Less: direct expenses9b Net income or (loss) from gaming activities | L | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | io a | • | | | | | |
| | h | and allowances 10a Less: cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| - | | Mer moune of hoss) nom sales of inventory | Business Code | | | | |
| sn | 11 a | | | | | | |
| oec Tue | ii a b | | | | | | |
| Men Ven | C | | | | | | |
| Miscellaneous Revenue | ا د | All other revenue | | | | | |
| Σ | А | Total. Add lines 11a-11d | > | | | | |
| | 12 | Total revenue See instructions | | 2 685 055. | 19 709. | 0. | -129 943. |

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (C) (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 70,000. 70,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 65,350. 65,350. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 134,649. 26,664. 25,783. trustees, and key employees 187,096. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,267,155. 911,944. 180,590. 174,621. Other salaries and wages Pension plan accruals and contributions (include 5,617. 4,120. 25,815. 16,078. section 401(k) and 403(b) employer contributions) 296,691. 221,873. 29,779. 45,039. Other employee benefits 73,370. 34,158. 14,523. 122,051. Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal 17,326. 17,326. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 40,598. 1,133. 39,465. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 23,813. 80,235. 32,103. 24,319. Office expenses 13 17,041. 20,052. 3,011. Information technology 14 Royalties 15 18,412. 18,412. 16 Occupancy 1,753. 157. 48,673. 46,763. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 22,623. 752. 21,871. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 18,849. 18,849. Depreciation, depletion, and amortization 22 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) $22,1\overline{44}$. 22,144. Chicago Avenue Outreach 17,250. Elam Davies Social Serv 17,250. Tutoring Program 10,438. 10,438. С d 33,626. 29,282. 3,179. 1,165. e All other expenses 2,384,384. 1,699,141. 395,516. 289,727. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

| Par | t X | Balance Sheet | oo in this Dort V | | | |
|-----------------------------|-----|--|---------------------------------------|--------------------------|---------|---|
| | | Check if Schedule O contains a response or note to any lin | ie in uiis Part X | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 150. | 1 | 150. |
| | 2 | Savings and temporary cash investments | | 631,302. | 2 | 827,823. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or former of | | | | |
| | | trustee, key employee, creator or founder, substantial con- | tributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persor | ns (as defined | | | |
| İ | | under section 4958(f)(1)), and persons described in section | 1 4958(c)(3)(B) | | 6 | |
| e l | 7 | Notes and loans receivable, net | | 7 | | |
| Assets | 8 | Inventories for sale or use | | | 8 | C. COLANDA COLONIA DE |
| ă | 9 | Prepaid expenses and deferred charges | | 47,832. | 9 | 25,234. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | | |
| | b | Less: accumulated depreciation 10b | 116,448. 77,267. | 58,030. | 10c | 39,181. |
| - | 11 | Investments - publicly traded securities | | | 11 | |
| ı | 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| - | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 139,572. | 15 | 105,510. |
| _ | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 876,886. | 16 | 997,898. |
| | 17 | Accounts payable and accrued expenses | | 87,294. | 17 | 78,733. |
| - | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 182,598. | 19 | 11,500. |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of S | Schedule D | | 21 | |
| g | 22 | Loans and other payables to any current or former officer, | i | | | |
| ┋ | | trustee, key employee, creator or founder, substantial con | i i | | | |
| Liabilities | | controlled entity or family member of any of these persons | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third p | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third part | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to | | | | |
| | | parties, and other liabilities not included on lines 17-24). C | omplete Part X | | | |
| | | of Schedule D | | 260 002 | 25 | 00 000 |
| \dashv | 26 | Total liabilities. Add lines 17 through 25 | 77 | 269,892. | 26 | 90,233. |
| [ي | | Organizations that follow FASB ASC 958, check here | ▶ \X | | | |
| ၌ | | and complete lines 27, 28, 32, and 33. | | 401 264 | | E00 004 |
| alar | 27 | | | 491,264. | 27 | 592,024. |
| ğ | 28 | Net assets with donor restrictions | | 115,730. | 28 | 315,641. |
| <u> </u> | | Organizations that do not follow FASB ASC 958, check | here | | | |
| 누 | | and complete lines 29 through 33. | | | | |
| įş | 29 | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or equipment f | · · · · · · · · · · · · · · · · · · · | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or o | 606 004 | 31 | 007 665 | |
| ž | 32 | Total net assets or fund balances | | 606,994. | 32 | 907,665. |
| | 33 | Total liabilities and net assets/fund balances | ····· | 876,886. | 33 | 997,898. |

Form **990** (2020)

| -orm | 1990 (2020) CITECAGO DIGITOS | 20 | -210022T | Pag | ge 12 | | |
|------|--|--------|------------|---------------|---|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,685 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,384 | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 300 | ,6 | 71. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 606 | , 9 | 94. | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | |
| | column (B)) | 10 | 907 | , 6 | <u>65.</u> | | |
| Pa | rt XII Financial Statements and Reporting | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Щ. | | |
| | | | WHINESON (| Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | -100 -100 d A | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | ļ | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis 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 | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | | | | |
| | Act and OMB Circular A-133? | | За | | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | dit | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3h | | | | |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 36-3786331 Chicago Lights Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

| Sec | tion A. Public Support | | | | | | | | | | |
|------|--|---------------------|--------------------|---------------------|--------------------|---|---|--|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | | |
| | include any "unusual grants.") | 2230779. | 2501928. | 1863249. | 2392308. | 2795289. | 11783553. | | | | |
| 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 | 2230779. | 2501928. | 1863249. | 2392308. | 2795289. | 11783553. | | | | |
| | The portion of total contributions | | | | | | | | | | |
| | by each person (other than a | | | | | garage and selection of the | | | | | |
| | governmental unit or publicly | | | | | | | | | | |
| | supported organization) included | | | | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | | | | |
| | amount shown on line 11, | | | | | | | | | | |
| | column (f) | | | | | | 884,819. | | | | |
| 6 | Public support, Subtract line 5 from line 4. | | | | | | 10898734. | | | | |
| | ction B. Total Support | <u> </u> | | | | | F 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | | | | |
| | Amounts from line 4 | 2230779. | 2501928. | 1863249. | 2392308. | 2795289. | 11783553. | | | | |
| 8 | Gross income from interest, | | | | | | | | | | |
| | dividends, payments received on | | | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | | | |
| | and income from similar sources | | | | 823. | 1,157. | 1,980. | | | | |
| 9 | Net income from unrelated business | | | | | | | | | | |
| 3 | activities, whether or not the | | | | | | | | | | |
| | business is regularly carried on | 43,497. | 30,682. | 0. | 0. | 0. | 74,179. | | | | |
| 10 | Other income. Do not include gain | 43,437. | 30,0021 | | | <u> </u> | 74,175 | | | | |
| 10 | or loss from the sale of capital | | | | | | | | | | |
| | • | | | | | | | | | | |
| 44 | assets (Explain in Part VI.) Total support. Add lines 7 through 10 | | | | | | 11859712. | | | | |
| | Gross receipts from related activities, | ete (eee keetsustie | , no) | | | 12 | 180,184. | | | | |
| | First 5 years. If the Form 990 is for the | , | | fourth or fifth toy | | | 100,104. | | | | |
| 13 | organization, check this box and stop | _ | | _ | | | | | | | |
| Sec | ction C. Computation of Publi | | | | | *************************************** | | | | | |
| _ | Public support percentage for 2020 (I | | T | column (fl) | | 14 | 91.90 % | | | | |
| | Public support percentage from 2019 | | | | ••••• | 15 | 86.90 % | | | | |
| | | | | | | | | | | | |
| 102 | 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X | | | | | | | | | | |
| ŀ | b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | | | | |
| | and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | | |
| 17- | and stop here. The organization qualifies as a publicly supported organization | | | | | | | | | | |
| 116 | | | | | | | | | | | |
| | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | | | | |
| | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | | | | |
| r | | _ | | | | | 10% 01 | | | | |
| | more, and if the organization meets the | | | | | | . | | | | |
| 40 | organization meets the facts-and-circle | | | , , | | | | | | | |
| 18 | Private foundation. If the organization | n dia not check a | box on line 13, 16 | a, 100, 1/a, or 1/b | , cneck this box a | nu see instructions | 5 > | | | | |

Schedule A (Form 990 or 990-EZ) 2020 Chicago Lights Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

| Section A. Public Support | | | | | | |
|---|--------------------|-------------------|--|--------------------|----------|-----------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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- | | | | | | |
| formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total, Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | M3521103115M11111111111111111111111111111111 | | | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 Amounts from line 6 | (a) 2010 | (6) 2017 | (0) 2010 | (u) 2015 | (6) 2020 | (i) Total |
| 10a Gross income from interest, | | | | | | Ti |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | <u> </u> | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | • | | |
| | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | <u> </u> | | |
| 14 First 5 years. If the Form 990 is for th | · · | | | - | | |
| check this box and stop here Section C. Computation of Publi | | | | | | |
| | | | | | Tanl | 0/ |
| 15 Public support percentage for 2020 (I | | | | | 15 | |
| 16 Public support percentage from 2019 | | | ***************** | | 16 | % |
| Section D. Computation of Inves | | - | - 40 t (*) | | 147 | |
| 17 Investment income percentage for 20 | | | | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | % |
| 19a 33 1/3% support tests - 2020. If the | | | | | | ' is not |
| more than 33 1/3%, check this box ar | • | - | , . | • | | |
| b 33 1/3% support tests - 2019. If the | - | | | | | |
| line 18 is not more than 33 1/3%, che | | • | · | | = | |
| THE PRIVATE TOURGATION IT THE OFFICIALIZATION | DECIDED OF CDACK A | DOK OD 1878 14 19 | a or imo check tr | us nox and see ins | andenons | SEED> |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-------------|----------|------|
| 1 | | |
| 2 | | |
| 32 | | |
| 3a | | |
| 3b | | |
| 3c | | |
| 4a 4b | | |
| 4c | | |
| | | |
| 5a | | |
| 5b | <u> </u> | |
| <u>5c</u> | | |
| 7 | | |
| | | |
| 8 | | |
| 9a | | |
| 9b | | |
| 9c | | |
| 10a 10b | | |
| m 990 or 99 | 0-EZ | 2020 |

| Sche | dule A (Form 990 or 990-EZ) 2020 Chicago Lights 36 | 5-378633 | 1 Pa | ige 5 |
|----------|--|-------------------|-----------------|-------------|
| | t IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| u | 11c below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in line 11a above? | 11b | | |
| | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 1.12 | | |
| С | | 11c | 4.444.000.000 | esserveness |
| Sec | detail in Part VI. tion B. Type I Supporting Organizations | | I | |
| 360 | tion B. Type I Supporting Organizations | ****** | Vaa | NIa |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one | Or | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | וס, | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support | ted | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | ie | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | ļ | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | 1 20010000000 | |
| Sec | tion C. Type II Supporting Organizations | | | L |
| 000 | tion of Type it capporting organizations | | Yes | No |
| | At the state of the disease of the state of the disease of the dis | | 100 | 140 |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | | <u> </u> | |
| Sec | tion D. All Type III Supporting Organizations | ****** | T | |
| | | FRANCISCO STATE | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | ľ |
| 2 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| 3 | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | 13000000 | 5000000 |
| <u>C</u> | supported organizations played in this regard. | 3 | l . | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru | ctions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity | ' (see instructio | n <u>s).</u> | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| h | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| D | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 0. | V. (2000 80%) | 1800-000 |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | A Selection |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

3b

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Organ | zations | |
|--------------|---|----------------|--------------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on N | Nov. 20, 1970 (<i>explain in </i> F | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete | Sections A through E. | |
| Secti | on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | ALMONOTO I |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | 1000 | | |
| • | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other factors | | | |
| _ | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| • | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| <u> </u> | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| . | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| ٠ | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrate | ed Type III supporting orga | nization (see |
| , | instructions) | , , | 5 | • |

Schedule A (Form 990 or 990-EZ) 2020

| | t V Type III Non-Functionally Integrated 509 | | nizations (continu | | 0-3700331 Page 7 |
|----------|---|-------------------------------|--|------|----------------------------------|
| | ion D - Distributions | | (OOTIMIE | 104/ | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | (i) | (ii) | | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2020 | ns | Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| _3_ | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| c | From 2017 | | | | |
| d | From 2018 | | 1.00 | | |
| е | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| <u> </u> | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | 0.000 | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| a | Excess from 2016 | | | | |
| h | | 1 | 1 | | |
| | Excess from 2017 | | Michael and the state of the st | | |
| | Excess from 2017 Excess from 2018 | | | | |
| | | | | | |

Schedule A (Form 990 or 990-EZ) 2020

| Schedule A | (Form 990 or 990-EZ) 2020 Chicago Lights | 36-3786331 F | Page 8 |
|--|--|--|--------|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.) | or 17b; Part III, line 12; s 1 and 2; Part IV, Section C t V, Section B, line 1e; Part V | , |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization

Chicago Lights

Employer identification number 36-3786331

| Par | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|---|---|---|
| L | organization answered "Yes" on Form 990, Part IV, lin | e 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advis | ed funds |
| _ | are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| _ | for charitable purposes and not for the benefit of the donor o | | |
| | impermissible private benefit? | | |
| Par | | | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recrea | | a historically important land area |
| | Protection of natural habitat | | a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | • | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and not on a historic structu | re |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rel | | |
| | year > | | |
| 4 | Number of states where property subject to conservation eas | sement is located > | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | t holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing con- | servation easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enforcing conserva | tion easements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | re satisfy the requirements of section 170 | h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense | statement and |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statem | ents that describes the |
| | organization's accounting for conservation easements. | | |
| Pai | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or Ot | her Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | *************************************** |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its revenue statement a | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for pul | olic exhibition, education, or research in fu | ırtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan | ncial statements that describes these item | is. |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its revenue statement and | palance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furt | nerance of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| | | | |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financia | l gain, provide |
| | the following amounts required to be reported under FASB A | SC 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| h | Accests included in Form 990, Part Y | | * |

| | dule D (Form 990) 2020 Chicago | | | | | | 786331 Page 2 |
|-------|---|--|---------------------------------------|-----------------|----------------|-------------------------|--|
| Par | | | | | | | |
| 3 | Using the organization's acquisition, accessic | on, and other records | s, check any of the | following that | make sign | ificant use of it | s |
| | collection items (check all that apply): | | | | | | |
| а | Public exhibition | d | | change progra | | | |
| b | Scholarly research | е | Other | | | | |
| С | Preservation for future generations | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further | the organizatio | n's exempt | t purpose in Pa | art XIII. |
| | During the year, did the organization solicit or | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes No |
| Par | t IV Escrow and Custodial Arrang | - | te if the organizati | ion answered " | 'Yes" on Fo | orm 990, Part I | V, line 9, or |
| | reported an amount on Form 990, Par | LA LANGUAGA AND TO THE STATE OF | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | | |
| | on Form 990, Part X? | | | | | l | Yes No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fol | lowing table: | | | r | |
| | | | | | | | Amount |
| С | Beginning balance | | | | | 1c | |
| d | Additions during the year | | | | | 1d | |
| е | Distributions during the year | | | | | 1e | |
| f | Ending balance | | | | | 1f | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for escrow or a | custodial acco | unt liability' | ? | Yes No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | <u></u> |
| Par | t V Endowment Funds. Complete i | f the organization an | swered "Yes" on F | Form 990, Part | | | |
| | | (a) Current year | (b) Prior year | (c) Two year | rs back (d |) Three years ba | ck (e) Four years back |
| 1a | Beginning of year balance | 0. | | | | | |
| b | Contributions | 10,000. | | | | | |
| С | Net investment earnings, gains, and losses | 228. | | | | | |
| d | Grants or scholarships | 0. | | | | | |
| е | Other expenditures for facilities | | | | | | |
| | and programs | 0. | | | | | |
| f | Administrative expenses | 0. | | | | | |
| g | End of year balance | 10,228. | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balance | e (line 1g, column (| (a)) held as: | | | |
| а | Board designated or quasi-endowment | .0000 | % | | | | |
| b | Permanent endowment ▶ 100 | % | - | | | | |
| С | Term endowment • .0000 | | | | | | |
| | The percentages on lines 2a, 2b, and 2c short | uld equal 100%. | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | tion that are held | and administer | red for the | organization | |
| | by: | · · | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | 3a(i) X |
| | (ii) Related organizations | | | | | | |
| h | If "Yes" on line 3a(ii), are the related organiza | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | |
| | t VI Land, Buildings, and Equipm | | | | | | |
| | Complete if the organization answere | | , Part IV, line 11a. | See Form 990 |), Part X, lin | e 10. | |
| | Description of property | (a) Cost or o | · · · · · · · · · · · · · · · · · · · | st or other | l | umulated | (d) Book value |
| | Basenplion of property | basis (investr | 1 ' ' | s (other) | , , , | eciation | (4) |
| 12 | Land | ····· | | . , | | | ······································ |
| | Buildings | 3 | | | | | |
| | Leasehold improvements | | | | | | |
| | | 4 | | | | | |
| d | | | 1 | 16,448. | - | 77,267. | 39,181. |
| | Other | *************************************** | | | | , , , <u>,</u> , , | 39,181. |
| ividi | a rica mico ra anough rei (COIUMA (d) MUST e | yuari viiii 330, Part | a. colullit (D). II(l e | 1.444/ | | 🚩 📗 | , |

Schedule D (Form 990) 2020

| Sobodulo F |) (Form 990) 2020 | Chicago | Lights |
|------------|-------------------|-----------------|--------|
| Part VII | Investments - | Other Securitie | es. |

| (a) Description of security or category (including name of security) | (b) Book value | e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of | -year market value |
|---|--------------------------|--|--|
|) Financial derivatives | | | |
| c) Closely held equity interests | | | |
| s) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | a Form 990 Port IV lin | a 11c. See Form 990. Part X. line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of | f-year market value |
| | (5) 50011 14.40 | | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
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| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" o | | e 11d. See Form 990, Part X, line 15. | (t.) Dealeratus |
| | escription | | (b) Book value |
| (1) Due from Fourth Presbyteri | an Church | | 105,510 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| | | | |
| (6) | | | |
| | | | |
| (7) | | | |
| (7) (8) | All Andrews (1975) | | |
| (7) (8) (9) | 15.) | > | 105,510 |
| (7) (8) | 15.) | > | 105,510 |
| (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. | | | 105,510 |
| (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (c) Description of liability | | | 105,510 |
| (7) (8) (9) otal. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability | | | |
| (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes | | | |
| (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) | | | |
| (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) | | | |
| (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) | | | |
| (7) (8) (9) otal. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | | | |
| (7) (8) (9) otal. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | | | |
| (7) (8) (9) otal. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | | | |
| (7) (8) (9) otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | | | |
| (7) (8) (9) Otal. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | n Form 990, Part IV, lir | e 11e or 11f. See Form 990, Part X, line 25. | |

| Scriedule D (FOITH 990) 2020 CHICAGO DIGHTON | | | | | ··· |
|--|-----------------------|------------|------------------------|----------|---------------------|
| Part XI Reconciliation of Revenue per Audited Finar | | With F | Revenue per Ref | turn. | |
| Complete if the organization answered "Yes" on Form 990 | | | | 1 | 3,066,551. |
| Total revenue, gains, and other support per audited financial state | | | | | 3,000,331. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 1 | 2a | | | |
| a Net unrealized gains (losses) on investments | | 2b | 451,496. | | |
| b Donated services and use of facilities | | | 401,400. | | |
| c Recoveries of prior year grants | i | 2c 2d | -70,000. | | |
| d Other (Describe in Part XIII.) | ····· | | | 00 | 381,496. |
| e Add lines 2a through 2d | | | | 2e 3 | 2,685,055. |
| 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line | | | | | 2,003,033. |
| the test of Fermi COO Deat VIII Brown 7th | | 4a | | | |
| | | 4b | | | |
| b Other (Describe in Part XIII.) c Add lines 4a and 4b | | | | 4c | 0. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Pa | | | | 5 | 2,685,055. |
| Part XII Reconciliation of Expenses per Audited Fina | ncial Statement | s With | Expenses per F | | |
| Complete if the organization answered "Yes" on Form 990 | | | | | |
| Total expenses and losses per audited financial statements | | | | 1 | 2,765,880. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| a Donated services and use of facilities | | 2a | 451,496. | | |
| b Prior year adjustments | | 2b | | | |
| c Other losses | | 2c | | | |
| d Other (Describe in Part XIII.) | | 2d | , | | |
| e Add lines 2a through 2d | _ | | | 2e | 451,496. |
| 3 Subtract line 2e from line 1 | | | | 3 | 2,314,384. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 1 | 4a | | | |
| b Other (Describe in Part XIII.) | ſ. | 4b | 70,000. | | |
| c Add lines 4a and 4b | _ | | | 4c | 70,000. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, F | | | | 5 | 2,384,384. |
| Part XIII Supplemental Information. | | | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part III, lines 4, and 9; Part III, lines | es 1a and 4; Part 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 addition | nal inforn | nation. | | |
| | | | | | |
| | | | | | |
| Part V, line 4: | | | | | |
| | | | | | |
| The expendable income of the fund sh | <u>all be used</u> | d to | support th | e ge | eneral |
| | | | | | |
| operations of Chicago Lights. | | | | | |
| | | | | | |
| A CONTRACTOR OF THE PROPERTY O | | | | | |
| | | | | | |
| Part X, Line 2: | | | | | |
| T h ml | .a | | . f | | |
| Income taxes: The accounting standar | d on accoun | nting | lor uncer | Lali | ity in |
| income tower addresses the determina | tion of wh | otho: | taw bonof | ita | alaimod |
| income taxes addresses the determina | ICTOIL OF MIK | ecner | . cax belier | ILS | Claimed |
| or expected to be claimed on a tax r | eturn shoul | ld be | e recorded | in t | che |
| or carpotota of 20 oranica on a contra | | | | | |
| financial statements. Under this gui | dance, Chic | cago | Lights may | rec | cognize |
| 3 | , | | <u> </u> | | |
| the tax benefit from an uncertain ta | x position | only | y if it is | more | e likely |
| than not that the tax position will | be sustaine | ed or | n examinati | on l | ov taxing |

| 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 largest benefit that has a greater |
| than 50 percent likelihood of being realized upon ultimate settlement. |
| Management has determined that there are no uncertain tax positions during |
| the reporting periods covered by these financial statements. Chicago |
| Lights files Form 990 in the U.S. federal jurisdiction and the State of |
| Illinois. |
| |
| Part XI, Line 2d - Other Adjustments: |
| Grant to Fourth Presbyterian Church of Chicago -70,000. |
| Part XII, Line 4b - Other Adjustments: |
| Grant to Fourth Presbyterian Church of Chicago 70,000. |
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury

➤ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

| Name of the organization | r Sunta a | | | | | Employer idea 36-3786 | ntification number |
|--|--|---|--|--|-------|---|---|
| Chicago Part I Fundraising Activities. | Complete if the organization answer | red "V | ae" on | Form 990 Part IV li | ne 1 | | |
| required to complete this part | | rea r | 3S ON | r Form 990, Part IV, II | ne i | . FOIIII 990-EZ | mers are not |
| Indicate whether the organization raise | e Solicitar f Solicitar g Special r oral agreement with any individual art VII) or entity in connection with p iduals or entities (fundraisers) pursu | tion of tion of fundra (includ | non-ge governising e ing of onal fu | overnment grants nment grants events ficers, directors, trust undraising services? | | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have cr or con contribu | ustody trol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
| | - WARRANGE CONTRACTOR | | | | | | |
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| Angeles and the second | | | | | | | |
| Total | | | > | | | | |
| 3 List all states in which the organizatio or licensing. | n is registered or licensed to solicit | contrib | utions | or has been notified | it is | exempt from re | gistration |
| | | | | *************************************** | | | |
| | | | | | | | |
| A A A A A A A A A A A A A A A A A A A | | | | | | | |
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| | | | | | | | |
| | July Washing Western | | | | | | |
| | | | | | | | *************************************** |

| | [L] | of fundraising event contributions and gro | oss income on Form 990 | EZ, lines 1 and 6b. List e | vents with gross receipts | greater than \$5,000. |
|-----------------|-----------|--|---------------------------|-----------------------------|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| İ | | | , , | Associate | | (add col. (a) through |
| | | | ł. | Board | 2 | , |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 721,285. | 15,891. | 20,345. | 757,521. |
| Re | | Less: Contributions | 687,115. | | 20,345. | 723,351. |
| | 3 | | 34,170. | | | 34,170. |
| | 4 | Cash prizes | | Allerton | | |
| : | 5 | Noncash prizes | | | | umar . |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| rect Ex | 7 | Food and beverages | 87,070. | | | 87,070. |
| ä | | | 10,450. | | : | 10,450. |
| | 8 | Entertainment | CH DEA | | | 67,750. |
| | 9 | Other direct expenses | L | | D | 165,270. |
| | 10 | | | | | -131,100. |
| P | 11 art | | answered "Yes" on Form | n 990. Part IV. line 19. or | reported more than | |
| S. 1900. | | \$15,000 on Form 990-EZ, line 6a. | | , , , | • | |
| | <u> </u> | | (-) Pinns | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| ηne | | | (a) Bingo | bingo/progressive bingo | (c) Other garning | col. (a) through col. (c)) |
| Revenue | | | | | | |
| <u> </u> | 1 | Gross revenue | | | | |
| | | | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes% | Yes% | Yes% | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lines 2 throug | h 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | 7 from line 1, column (d) | | . | |
| | | | | | | |
| 9 | | nter the state(s) in which the organization cond | | | | |
| | | the organization licensed to conduct gaming a | | | | Yes No |
| | b If | "No," explain: | | | | |
| | | | | | And the state of t | |
| | | ere any of the organization's gaming licenses r | | | year? | Yes No |
| | b If | "Yes," explain: | HERAIT. | | and the second s | |
| | _ | 4144 | WARRANCE CONTRACTOR | | | ************************************** |

| Schedule G (Form 990 or 990-EZ) 2020 Chicago Lights | 36-37863 | 31 Page 3 |
|--|--|---------------|
| 11 Does the organization conduct gaming activities with nonmembers? | | es No |
| 11 Does the organization conduct gaming activities with normembers: 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnersh | nip or other entity formed | |
| to administer charitable gaming? | 1 1 2 | es No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/spec | cial events books and records: | |
| Name Address | | |
| 15a Does the organization have a contract with a third party from whom the organization rec | eeives gaming revenue? | es No |
| b If "Yes," enter the amount of gaming revenue received by the organization | and the amount | |
| of gaming revenue retained by the third party > \$ | | |
| c If "Yes," enter name and address of the third party: | | |
| | | |
| Name | | |
| Address | | |
| 16 Gaming manager information: | | |
| Name | | |
| Gaming manager compensation ▶ \$ | | |
| Description of pervious provided | | |
| Description of services provided | LAWARAN TO THE PARTY OF THE PAR | |
| | | |
| Director/officer Employee Independent contra | actor | |
| 17 Mandatory distributions: | | |
| a Is the organization required under state law to make charitable distributions from the ga | iming proceeds to | |
| retain the state gaming license? | | ∕es 🔲 No |
| b Enter the amount of distributions required under state law to be distributed to other exe | empt organizations or spent in the | |
| organization's own exempt activities during the tax year ▶ \$ | | |
| Part IV Supplemental Information. Provide the explanations required by Part I. | | s 9, 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. S | See instructions. | |
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| Schedule G (Form 990 or 990-EZ) Chicago Lights | 36-3786331 Page 4 |
|--|--|
| Schedule G (Form 990 or 990-EZ) Chicago Lights Part IV Supplemental Information (continued) | |
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SCHEDULE I (Form 990)

(FOILL 990)
Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990.

| OMB No. 1545-0047 | 2020 | Open to Public |
|-------------------|------|----------------|
|-------------------|------|----------------|

Inspection

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

ž Employer identification number General Operating Support 36-3786331 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ċ (e) Amount of assistance non-cash 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 cash grant 70,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 36-2167080 501(c)(3) Enter total number of other organizations listed in the line 1 table 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 Chicago, IL 60611 2 Des Part II Part

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

Schedule I (Form 990) 2020

36-3786331

Page 2

Chicago Lights

Schedule I (Form 990) 2020

PartIII

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

Schedule I (Form 990) 2020 (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) þ Tutoring Program tenure, tuition Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information is made Chicago Lights makes payments and monitors each student's compliance with the selected members of the Board of and volunteers. The selection process considers each the family members and other college selection 0 (d) Amount of non-cash assistance orThe school ,350, (c) Amount of cash grant the Tutoring Program. 65, academic achievement, private high 34 (b) Number of recipients selected, education of the Selection Committee comprised of for ъ. В listed grants are payments οĘ candidate candidate's financial need, selected participants (a) Type of grant or assistance οf directly to the school level thestaff writing skills, Once Line Directors, criteria. Scholarships 032102 11-02-20 Part IV Part The for

| Schedule I (Form 990) | Chicago Lights | 36-3786331 | Page 2 |
|--|--|---------------------|--------|
| Schedule I (Form 990) Part IV Supplemental In | formation | | |
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| program's academic | c progress requirement. | | |
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SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Chicago Lights

Open to Public Inspection Employer identification number

36-3786331

| PE | art I Questions Regarding Compensation | | | |
|------------|--|------|----------|----|
| | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | 1 1 | ı | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | 1000 | | |
| | First-class or charter travel X Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | 1 | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | X | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | X | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | <u> </u> | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Descriptions continues (A) 4059 6(a)2 | اما | | 1 |

Schedule J (Form 990) 2020

Chicago Lights

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

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

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

| | | (B) Breakdown of \ | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--|----------|--|--|--|--|--|--|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | onner deferred compensation | STEELS | (2),(2) | repr |
| () () () () () () () () () () | [5 | C | O | 0 | 0 | 0 | 0 | 0 |
| G | E | 129,345. | 0. | 0 | 4,003. | 18,808. | 152,156. | 0 |
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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.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Chicago Lights

Employer identification number 36-3786331

| Chicago higher |
|--|
| Form 990, Part I, Line 1, Description of Organization Mission: |
| Chicago Lights builds brighter futures for Chicago's youth and adults |
| through supportive relationships and life-changing programs. |
| |
| Form 990, Part III, Line 4d, Other Program Services: |
| The Chicago Lights Dance Academy fosters confidence, creativity, and |
| academic growth through dance classes taught by professional artists |
| for 1,500 students attending Chicago schools. |
| Expenses \$ 237,181. including grants of \$ 0. Revenue \$ 175. |
| |
| Chicago Lights Summer Day bridges the summer learning and safety gap |
| for 125 students in grades 19 by engaging them in a six-week, full-day |
| program that includes academic and arts classes, outdoor recreation, |
| field trips, and a dynamic final performance written and produced by |
| the students. |
| Expenses \$ 129,289. including grants of \$ 0. Revenue \$ 0. |
| |
| General operating support for the Fourth Presbyterian Church of |
| Chicago, used for the Replogle Center for Counseling and Well-Being. |
| Expenses \$ 70,000. including grants of \$ 70,000. Revenue \$ 0. |
| |
| Form 990, Part VI, Section A, line 6: |
| The sole member of the corporation is Fourth Presbyterian Church of |
| Chicago, Illinois, a not-for-profit corporation. |
| |

Chicago Lights

Employer identification number 36-3786331

Directors of the Corporation shall be appointed annually to fill vacancies on the Board of Directors by the Board of Directors from a slate of candidates provided by the nominating committee of Fourth 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 11b:

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 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 15a:

The Executive Committee consisting of the members of the Board of Directors
monitors the performance and recommends changes to the compensation of the
Executive Director. In 2016, the Committee engaged consultants to analyze

| Name of the organization Chicago Lights | Employer identification number 36-3786331 |
|---|--|
| the existing compensation and compare it to the similar no | on-for-profit |
| executive job market. Subsequently, the Committee establish | shed a process of |
| reviewing the comparative employment market data and the p | performance of the |
| Executive Director. The Committee communicates during the | e meetings as well |
| as through the use of emails to determine if current compe | ensation is |
| commensurate with the market. If appropriate, compensation | on changes are |
| presented to the Board of Directors for approval. | |
| | |
| Form 990, Part VI, Section C, Line 19: | AND THE RESIDENCE OF THE PROPERTY OF THE PROPE |
| Chicago Lights makes its governing documents, policies, and | nd financial |
| statements available to the public upon request for the sa | ame period of |
| disclosure as set forth in IRC Section 6104(d). | And delivered delegations on the |
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SCHEDULE R

Open to Public Inspection 2020

OMB No. 1545-0047

Employer identification number 36-3786331

Direct controlling 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 End-of-year assets N/A status (if section (e) Public charity 501(c)(3)) Line 1 Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Exempt Code ਉ Go to www.irs.gov/Form990 for instructions and the latest information. section 501(c)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. Illinois Primary activity Primary activity <u>@</u> church Chicago Lights 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 Name of the organization Department of the Treasury Internal Revenue Service 60611 (Form 990) Parti Part II

(g) Section 512(b)(13)

controlled entity? ž

Yes

×

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

Schedule R (Form 990) 2020

Page 2 36-3786331

Schedule R (Form 990) 2020 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.

| (j) (k) General or Percentage managing ownership partner? Yes No | | | | | elated | Section 512(b)(13) controlled entity? | | | | | <u></u> | Schedule R (Form 990) 2020 |
|---|--|--|--|--|---|--|----------|-------|-----|-------|---------|----------------------------|
| al or Per ging ow ler? | | • | | | more r | 1 7 1 | | | | | | orm 96 |
| (j) General or managing partner? Sympaction (control of managing partner? Sympaction (control of managing partner) Sympaction (control of managing partner) | | | | | one or | (h) Percentage ownership | | 7 | | | | ule R (F |
| (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | | | Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related | (g) Share of Pend-of-year assets | | | | | | Sched |
| n) ortionate tions? No | | | | | line 34 | | | | | | | |
| Disproper allocary | | | | | art IV, | (f) are of total income | | | | | | |
| (g) Share of end-of-year assets | | | | | ım 990, P | Sh. | | | | | Ti. | |
| Sh end- as | | | | | " on Fo | entity S corp, ust) | | | | | | |
| of total | | | | | ered "Yes | (e) Type of entity (C corp, S corp, or trust) | | | | | | |
| (f) Share of total income | | | | | on answe | | | | | | | |
| (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | | | | | ganizatic | (d) Direct controlling entity | | | | | | |
| (e) minant in ed, unrel from ta | | | | | if the or | | | | | | | |
| Predor (relati excluded | - | | | | mplete i | (c) Legal domicile (state or foreign country) | | | | | | |
| (d) Direct controlling entity | | | | | | | | | | | | |
| Direct o | | NEO DE LOCAL DE LA CONTRACTION | | | ration or ear. | (b) Primary activity | | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year. | Prim | | | | | | |
| | | | | | cable as | | | | | | | - |
| (b) Primary activity | | | | | ions Tay n or trus | | | | | | | |
| Priir | | | | | yanizati poratio | Z c | | | | | | |
| | | | | | as a cor | (a) Name, address, and EIN of related organization | | | | | | |
| (a) Name, address, and EIN of related organization | | | | | of Rela | (a) address ated org | | | | | | |
| (a) Idress, a d organ | LANCE OF THE STATE | | | | fication izations | Name, of rela | | | | | | |
| ame, ac of relate | | | | | 1 | | | | | | | 18-20 |
| Ž | | | | | Part IV | | | | | | | 032162 10-28-20 |
| 1 | 1 1 1 | | | | Variation | l | ! | 1 1 1 | l I | 1 1 L | I I I | 8 |

Page 3

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Yes No |
|--|---|--|--|---|
| 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? | with one or more re | lated organizations listed ir | n Parts II-IV? | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b X |
| (8) | | | | 1c 🛚 🗡 |
| | | | | 1d 🛚 |
| | | | | × |
| e Loans or loan guarantees by related organization(s) | | | | |
| | | | | × |
| f Dividends from related organization(s) | | | | |
| g Sale of assets to related organization(s) | | | | |
| h Purchase of assets from related organization(s) | | | | 1h X |
| | | | | ± × |
| | | | | 1j X |
| | | | | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k X |
| | nization(s) | | | 1 × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | nization(s) | | | 1 |
| Sharing of facilities, equipment, mailing lists, or other assets with re- | on(s) | | | -t |
| | | | | 10 X |
| | | | | |
| Boimburromont haid to related organization(e) for expenses | | | | 1 0 × |
| | | | | 1a X |
| q Keimbursement paid by related organization(s) for experises | | | | |
| | | | | × |
| r Other transfer of cash or property to related organization(s) | | | | |
| s Other transfer of cash or property from related organization(s) | | | | . 18 |
| 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. | ho must complete th | is line, including covered re | elationships and transaction thresholds. | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | t involved |
| | type (a.s) | All Commences and the second s | - Committee - Comm | - Children of the Children of |
| (1) | | | | |
| | | | | |
| (2) | | | PRODUCTION OF THE PRODUCTION O | A CONTRACTOR OF THE |
| (3) | | | | |
| A CONTRACTOR OF THE PARTY OF TH | - Addition of the Addition of | | | |
| (4) | | - A Committee of the Co | A service of the serv | |
| (A) | | | | |
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| (9) | | | | |
| 032163 10-28-20 | | | Sched | Schedule R (Form 990) 2020 |

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) | General or Percentage managing ownership | S COLUMN TO THE STATE OF THE ST | | | | | Schedule R (Form 990) 2020 |
|---------------------|---|--|------|-------------|--|---|----------------------------|
| - | Paring Paring Paring Or C | | | | | *************************************** | orm 9 |
| 0 | General or managing partner? | | | | | | , R (F |
| 8 | Cod amount of Sch (Forr | | | | | , | Schedule |
| Œ | 5 5 5 | | | | | - | |
| | Disi | - | | | | | |
| (b) | Share of end-of-year assets | | | | | | |
| (4) | Share of total income | | | | | | |
| (e) | Are all partners sec. 501(c)(3) orgs.? | Q. | | | | | |
| . 1 | t income related, tax under 2-514) | | | | | | |
| (3) | nicile oreign y) | | | | | | |
| (h) | ctivity | | | | | | |
| (a) (b) (c) (c) (d) | name, address, and EIN of entity | | | | | | |

| Schedule F | R (Form 990) 2020 Chicago Lights | 36-3786331 Page 5 |
|------------|--|--|
| Part VII | Supplemental Information | |
| | Provide additional information for responses to questions on Schedule R. See instructions. | |
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