



# Office of the City Clerk

City Hall  
121 N. LaSalle St.  
Room 107  
Chicago, IL 60602  
www.chicityclerk.com

## Legislation Text

File #: Or2013-194, Version: 1

### CHICAGO April 10, 2013

#### To the President and Members of the City Council:

Your Committee on Finance having had under consideration one (1) order authorizing four (4) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. American Red Cross
- B. Misericordia Home
- C. Polish Legion of American Veterans
- D. Alzheimer's Association - Greater IL Chapter

having had the same under advisement, begs leave to report and recommend that your Honorable Body pass the ordinance(s)/order(s) transmitted herewith.

This recommendation was concurred in by (a^jya voce vofr  
of the members of the committee with dissenting vote(s)).

Respectfully submitted

#### Document No.

### REPORT OF THE COMMITTEE ON FINANCE TO THE CITY COUNCIL CITY OF CHICAGO

Ordered, that the Committee on Finance is hereby authorized and directed to issue charitable solicitation (tag day) permits to the following organizations:

- A. American Red Cross  
April 15, 2013 through December 31, 2013 Citywide
- B. Misericordia Home April 24, 2013 April 26-27,  
2013 May 3-5, 2013 Citywide
- C. Polish Legion of American Veterans May 16-19, 2013

Citywide

D. Alzheimer's Association - Greater 1L Chapter May 4, 2013  
May 17-18, 2013 Citywide

This order shall take effect and be in forjee^om and after its passage.

Edward M. Burke Alderman, 14<sup>m</sup> Ward

**Document No.**

**REPORT OF THE COMMITTEE ON FINANCE TO THE CITY COUNCIL CITY OF CHICAGO**

PERMIT NO. 2013-08

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION TAG  
DAY REQUEST FORM AND ROUTE SHEET**

**PERMIT NUMBER:** 2013-08

**GROUP NAME:** American Red Cross

**ADDRESS:** 431 18<sup>th</sup> Street W2181, Washington, DC 20006

**TELEPHONE NUMBER:** 202-664-2888

**CONTACT PERSON:** Brian Rhoads

**DATE WRITTEN REQUEST WAS RECEIVED:** March 10, 2013

**SOLICITATION DATE:** April 15, 2013 through December 31, 2013

**CITY COUNCIL DATE:** April 10, 2013

**COMPLETION OF FILE DATE:**

**STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:**

**DATE PERMIT LETTER WAS SENT TO ORGANIZATION:** April 10, 2013

***VIOLATION(S)***

**COMMITTEE LETTER SENT:**

**1 COMPLY RECEIVED:**

**COMMENTS:**

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. Name of organization:

**American Red Cross 431 18<sup>th</sup> Street  
W218I Washington, DC 20006**

American Red Cross of Greater Chicago The Rauner Center 2200  
W. Harrison St. Chicago, IL 60612 (312)729-6100

2. Name of Professional Fundraiser:

**Public Outreach Fundraising**

Address: 1511 Third Ave, Suite 788, Seattle, WA 98101 Telephone Number: 206-262  
-9464 X 1127

3. Use the space below to list names, current positions, residence addresses and

telephone numbers of the officers in the organization:

**Please see attached list**

4. List the date and approximate location(s) of solicitation:

Six (6) days a week Monday-Saturday, from April 15, 2013 through December 31, 2013; various locations throughout Chicago -

4 Approximately how many persons will be engaged in the solicitation?

**10-15**

5. Explain the methods your organization will use to solicit funds:

**Please see attached list**

6 Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?

**Public Outreach Fundraising, LLC on behalf of American Red Cross has previously in 2012 applied for and received a permit to solicit funds in the City of Chicago.**

**Public Outreach Fundraising, LLC on behalf of American Red Cross has previously in 2012 applied for and received a permit to solicit funds in the City of Chicago.**

8. Include the following with your application:
- A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
  - B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.
9. Please include any other relevant information which would assist the Committee on Finance in reviewing this application.

HOLD HARMLESS AGREEMENT

The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.

The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.

The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Name of organization

Signature of organization officer - Mr. Brian J. Rhoads

Date

Q. 6: Explain the methods your organization will use to solicit funds:

Public Outreach Fundraising, LLC is a commercial fundraiser registered with the Illinois Attorney General's Office. The company has been contracted by the American Red Cross to conduct ongoing street solicitations in Chicago.

Public Outreach recruits monthly donors on behalf of the charity. Our representatives work on sidewalks, indoors on private property (with written consent from the charity and permission from city and state authorities as well as from the private property owner]. They do not sell products or services.

Street representatives (solicitors) employed by Public Outreach are trained to be safety conscious. This includes not creating or allowing any sidewalk obstructions. The company has a successful record of adapting to local preferences and specific license conditions regarding the density, location and frequency of representatives on the street.

Representative's binders and vests show the logo of the charity. As people pass by, they may ask in a conversational tone and volume, "Do you have a minute for the American Red Cross?"

Street representatives do not approach people, harass or hound them, pursue them or block traffic in any way. They rely on passers-by to recognize the name and logo of the charity, and to choose whether to stop and engage in conversation. The initiative to make eye contact thus rests with passers-by. Our representatives then educate the potential donor on the work of the charity and explain the monthly giving process. Those who wish can sign up immediately, either for monthly donations or for one-time gifts. Others are offered a telephone follow up.

Mission.& Principles | American Red Cross Mission Statement

## Mission, Vision, and Fundamental Principles \* «=+

### Mission Statement

The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.

### Vision Statement

The American Red Cross, through its strong network of volunteers, donors and partners, is always there in times of need. We aspire to turn compassion into action so that...

#### Fundamental Principles of the Global Red Cross

##### Network Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace among all peoples.

##### Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

##### Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

##### Independence

10/31/2012 12:10 PM

" Mission .& Principles | American Red Cross Mission Statement

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

#### **Voluntary Service**

**It is a voluntary relief movement not prompted in any manner**

**by desire for gain. Unity**

There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

#### **Universality**

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

10/31/2012 12:10 PM

**OFFICE OF THE ATTORNEY GENERAL**  
STATE OF ILLINOIS

**Lisa Madigan**

November 17,2010

Lori Polacheck Office of the General Counsel  
American Red Cross 2025 E Street, N.W.  
Washington, D.C. 20006

**Re: American Red Cross**

Dear Ms. Polacheck:

This letter shall serve to confirm this Office has reviewed the applicability of the Illinois Charitable Trust Act and the Solicitation for Charity Act to the National American Red Cross and its Illinois-based chapters. We have determined that the National American Red Cross and its Illinois-based chapters are not presently subject to the registration and reporting requirements of those Acts.

Very truly yours,

Therese M. Harris, Chief Charitable  
Trusts Bureau  
100 West Randolph Street, 11<sup>th</sup> Floor  
Chicago, Illinois 60601 (312)814-2533

**Internal Revenue Service P.O. Box 2508 Cincinnati, OH 45201**

Date: July 14, 2011

AMERICAN NATIONAL RED CROSS % NANCY E PAYNE 2025 E ST NW WASHINGTON, DC 20006

**Person to Contact:**

Ms. Benjamin #0196814

**Toll Free Telephone Number:**

877-829-5500

**Federal Identification Number:**

53-0196605

Dear Sir or Madam:

This is in response to your request of July 13, 2011, regarding your tax-exempt status.

Our records indicate that in December 1938 the American National Red Cross was recognized as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code and was classified as a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(aXvi) of the Code.

Even though the American National Red Cross was issued an individual ruling, this ruling covers its chapters, branches, and auxiliaries.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gift tax purposes if they meet the



applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Thomas Manager, Exempt  
Organizations Determinations

## American Red Cross

### National Headquarters

2025 E. Street N.W. Washington, DC 20006 [www.redcross.org](http://www.redcross.org) <<http://www.redcross.org>>

The American Red Cross is where people mobilize to help their neighbors- down the street, across the country and around the world-in emergencies.

Every household in America has benefited in some way from the lifesaving mission of the Red Cross. Through a volunteer-led network of nearly 600 local chapters and 36 Blood Services regions; through more than half a million volunteers and almost 32,000 employees; we are a powerful, grassroots organization. As one of more than 180 Red Cross and Red Crescent societies around the world, we belong to a global humanitarian force of more than 100 million employees, volunteers and members.

All across America, every day, the American Red Cross relies on its donors for their gifts of time, talent, money and blood to do our work. We believe that members of the public would be interested in speaking with fundraising representatives to learn more about our work in the Atlanta area and across the country. These representatives are hired through the fundraising agency, Public Outreach, to act on behalf of the Red Cross.

These representatives will also ask individuals to become a Red Cross Champion with a recurring, monthly donation. All donations go towards the lifesaving services of the American Red Cross. Our representatives are fully trained and follow strict guidelines.

Representatives working on behalf of the Red Cross:

- Wear photo I.D. badges, Red Cross uniforms, and carry assorted Red Cross materials;
- Will not sell or offer any merchandise;
- Will contact the public between the hours of 10:30am and 6:30pm;
- Will interact respectfully with members of the public at all times;
- Will give out literature sparingly, only to those supporters who indicate strongly that they would be interested in becoming a monthly member of the Red Cross.

Neal Litvack  
Chief Development Officer American Red Cross

Thank you for your support of the American Red Cross.

PERMIT NO. 2013-09

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION TAG  
DAY REQUEST FORM AND ROUTE SHEET**

**PERMIT NUMBER:** 2013-09

**GROUP NAME:** Misericordia Heart of Mercy Center

**ADDRESS:** 6300 N. Ridge Boulevard , Chicago, IL 60660

**TELEPHONE NUMBER:** 773-973-6300

**CONTACT PERSON:** Sister Rosemary Connelly

**DATE WRITTEN REQUEST WAS RECEIVED:** March 10, 2013

**SOLICITATION DATE:** April 24, 2013  
April 26-27, 2013  
May 3-5, 2013

**CITY COUNCIL DATE:** April 10, 2013

**COMPLETION OF FILE DATE:**

**STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:**

**DATE PERMIT LETTER WAS SENT TO ORGANIZATION:** April 10, 2013

***VIOLATION (S)***

**COMMITTEE LETTER SENT:**

**COMPLY RECEIVED:**

**COMMENTS:**

i

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. Name of organization:

Address: ^ 5>0 6 7xW C C "J?6 4& C^/^s ^

Telephone Number: ^ ? ^ ^ ^ ^ q IJj^ .J>? 3 ^ fl Q

2. Use the space below to list names, current positions, residence addresses and -j ^ ^<f0  
2. telephone numbers of the officers in the organization: ■ Ts 'I •

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List the date and approximattylocation(s) of solicitation:

iroximately how many persons will be engageu in the sojicitation?

Explain the methods your organization will use to solicit funds:

Has your organization ever been allowed to solicit funds in prior years in the  
City of Chicago? If so, when?

- A

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Include the following with your application:

- A. A copy of the registration statement filed with the Attorney General  
of the State of Illinois; or exemption issued by the Attorney General  
of the State of Illinois.  
B. A copy of the tag, badge, emblem or other token (if any) which will be  
distributed as part of the solicitation, or which will be used by your  
organization in its solicitation.

Please include any other relevant information which would assist the Committee on Finance in reviewing this application.

**APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30  
DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.**

**I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)**

**Signature /I**

**Signature**

**Signature**

**HOLD HARMLESS AGREEMENT**

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Name of organization

**OFFICE OF THE ATTORNEY GENERAL**

STATE OF ILLINOIS

MISERICORDIA HOME 6300 N. RIDGE ROAD CHICAGO, IL 6066

RE: Status of MISERICORDIA HOME under the Illinois Charitable Laws CO# 01040984 Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of MISERICORDIA HOME under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01040984, and has received a religious exemption from filing annual reports with our office. Please let us know if you require further information.

Sincerely,

Takiyah Martin Barnes, Compliance Officer Charitable Trusts  
Bureau 100 West Randolph Street, 1 lth Floor Chicago, Illinois  
60601 Telephone: (312)814-2595

PERMIT NO. 2013-10

**COMMITTEE ON FINANCE CHARITABLE SOLICITATION TAG  
DAY REQUEST FORM AND ROUTE SHEET**

**PERMIT NUMBER:** 2013-10

**GROUP NAME:** Polish Legion of American Veterans

**ADDRESS:** 4934 N. Mason, Chicago, IL 60630

**TELEPHONE NUMBER:** 773-725-1088

**CONTACT PERSON:** Mr. Eugene Beranek

**DATE WRITTEN REQUEST WAS RECEIVED:** March 10, 2013

**SOLICITATION DATE:** May 16-19, 2013

**CITY COUNCIL DATE:** April 10, 2013

**COMPLETION OF FILE DATE:**

**STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:**

**DATE PERMIT LETTER WAS SENT TO ORGANIZATION:** April 10, 2013

***VIOLATION (S)***

**COMMITTEE LETTER SENT:**

**COMPLY RECEIVED:**

**COMMENTS:**

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any question, please attach

additional sheets.)

1. Name of organization: POLISH LEGION of AMERICAN VETERANS U.S.A.  
North Mason Avenue Address: Chicago,  
Illinois 60635-1913  
xi k M k 1-773-725-1088 Telephone Number:
2. Use the space below to list names, current positions, residence addresses and -  
telephone numbers of the officers in the organization:  
**Qave Johnson C<sub>0</sub>) niander Eugene E. Beranek Past**  
**Commander**  
**530 Fredrick Lane North Mason Avenue**  
**Hoffman Estates], Ill\_ Chicago, Illinois 60630-1913**  
60195  
1-8<sup>^</sup>7-882-9752 1-773-725-1088
3. List the date and approximate location(s) of solicitation:  
This will be four Days, different locations City Wide Thur. May 16, 2013 Pri. May 17, 2013  
Sat. May 18, 2013 and Sun. May 19, 2013
4. Approximately how many persons will be engaged in the solicitation?  
**There will be about 60 people at varius locations City Wide**
5. Explain the methods your organization will use to solicit funds:  
**We will be offering a POPPY for any donations to**  
**assist Hospitalized Veterans.**
6. *Has your organization ever been allowed to solicit funds in prior years in the City of*  
*Chicago? If so, when? we <sup>^</sup> been solliciting funds ±n*  
**the City of Chicago for over fifty years. Some years on**  
**private property.**
7. Include the following with your application:
  - A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
  - B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.
8. Please include any other relevant information which would assist the Committee on Finance in reviewing this application. "e serve the Veterans Medical centers at Hynes Illinois, North Chicago, west side Medical Center. We also assist at Illinois Veterans Home in Manteno Illinois, Quincy Illinois. We also assist the USD at Navy Pier Ohare Airport and Midway Airport

**APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.**

**STANLEY BAEABASZ POST # 72 POLISH LEGION of**  
**AMERICAN VETERANS U.S.A.**

**I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)**

**Robert Ostrowski**

Signature /DjaAttt fo\*/M\*i&>rv<sjL TitleFast Cpamaader Date03/17/2013  
- v 7 - £ " > i/irector

Date

**HOLD HARMLESS AGREEMENT**

The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.

The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.

The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

**POLISH LEGION of AMERICAN VETERANS U.S.Ac**

Name of organization

Date

**COMMANDER**

Dave Johnson 530 Fredrick Lane

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1 8478829752

## **2<sup>nd</sup> vice commander**

Larry Jakobowski 395 Etemmgi ane Schaumberg, Illinois 60103-2823 1847895-1422

ADJUTANT & DIRECTOR JoHanne Yiduya

2402NorthNew England Avenue Chicago, flfimris 60707-2104 17736226901

SERGEANT AT ARMS

HOger Oznoff 131\*W Had Aider Ave. Huntley, Illinois 601\*\*2 1 \_8^?» 515-?1K>6

## **DIRECTOR & CHAPLAIN**

James Marine

1166 Sooth Coyier Avenue

Oak Park, flfinris

17083834595

1<sup>OT</sup> VICE COMMANDER Robert Ostrowski 1142 Sooth Asherns Avenue UHnbard, Illinois 60148-4053 16304951369

COMMANDER - EMERITUS Frank Jurek

336 West Hading Street Lombard. Iffinois, 60139 1630613 9535

## **SERVICE OFFICER & SOUSE**

Paul R-Moreno

6111 Norm Navarre Avenue

Chicago, Iffinois, 60631-2613

17737751965

DIRECTOR A FAST COMDR Eugene E. Bersnek 4934 North Mason Avenue Cbicagp, nlircris 60630-1913 1773 7251088

DDIECTOR JohnWaskowski 3720 liberty Lane Gtenview, Iffinois 60025-3775 18477295029

■ OFFICE OF THE ATTORNEY GENERAL

March 8,2010 STATE OF ILLINOIS

Lisa Madigen

ATTORNEY GENERAL



STATE DEPARTMENT OF ILLINOIS POLISH  
LEGION OF AMERICAN VETERANS, U-S A C/O  
EUGENE E BERANEK  
4934 N MASON AVE CHICAGO, IL  
60630

RE: RE: Status of STATE DEPARTMENT OF ILLINOIS POLISH LEGION OF  
AMERICAN VETERANS, U.S.A under the Illinois Charitable Laws

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of STATE DEPARTMENT OF ILLINOIS POLISH LEGION OF AMERICAN VETERANS, . U.S-A under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01015056. It is current in the filing of its financial reports, having filed its report for the period ended-December 31,2008. Please let us know if you require further information.

Luz Guzman,Office Assistant Charitable Trusts Bureau 100 West Randolph Street, 11th Floor Chicago, Illinois 60601 Telephone: (312) 814-2595

PERMIT NO. 2013-11  
**COMMITTEE ON FINANCE CHARITABLE SOLICITATION TAG  
DAY REQUEST FORM AND ROUTE SHEET**

PERMIT NUMBER: 2013-11

GROUP NAME Alzheimer's Association - Greater IL Chapter

ADDRESS: 8430 W. Bryn Mawr, Suite 800, Chicago, IL 60631

TELEPHONE NUMBER: 847-933-2413

CONTACT PERSON: Erna Colborn

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2013

SOLICITATION DATE: May 4, 2013  
May 17-18,2013

CITY COUNCIL DATE: April 10,2013  
COMPLETION OF FILE DATE:  
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:  
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 10,2013

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

(Please neatly print or type. In necessary in answering any question, please attach additional sheets.)

1. Name of organization:

Address: 8T5QV^.grvjin HcLVOf Av/C., ?>\*t &X), CVjiCGCjO.XL G0(o?i Telephone Number:  
ft^J •(b!>'l\|^?

2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:

t\X\A. (b^om N Vf-c^dcaA \*C£0. TancA T^rvlin s VP Greece

8430 UA, Mcxxot Ave, SV£ctp.CVliCCcao,XL GOG,3 1

3. List the date and approximate location(s) of solicitation: '

4. Approximately how many persons will be engaged in the solicitation? I

5. Explain the methods your organization will use to solicit funds:

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Collection ocms ancluoUl awe onvionc iJwopdovxU-c^a pGckct -  
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6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?

fts.-N Alzbi^crs Association V)as V3tcn soltc\Bincv  
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7. Include the following with your application:

- A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
- B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.

8. Please include any other relevant information which would assist the Committee on Finance in reviewing this application.

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#### HOLD HARMLESS AGREEMENT

The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.

The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.

The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Name-of organization

Signature of organization officer

Date

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATER THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, THE OFFICER(S) OF THE ABOVE NAMED ORGANIZATION, CERTIFY THAT THE INFORMATION FURNISHED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature

Signature\_

Signature

OFFICE OF THE ATTORNEY GENERAL

March 18, 2013 STATE OF ILLINOIS

**Lisa Madigan**

GOVERNOR

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, GREATER ILLINOIS CHAPTER

8430 W. BRYN MAWR, SUITE 800 CHICAGO, IL 60631

**RE: RE: Status of ALZHEIMER'S DISEASE AND RELATED-DISORDERS ASSOCIATION, GREATER ILLINOIS CHAPTER under the Illinois Charitable Laws CO#01011470**

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, GREATER ILLINOIS CHAPTER under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01011470. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2012. Please let us know if you require further information.

Takiyah Martin Barnes, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595

Department of the Treasury Internal Revenue Service  
P.O. Box 2508 Cincinnati OH

In reply refer to? 0248162362 Oct. 30, 2012 LTR 4167C E0 13-3039601  
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00013961 B0DC: TE

ALZHEIMERS DISEASE AND RELATED  
DISORDERS ASSOCIATION INC ALZHEIMERS  
ASSOC 225 N MICHIGAN AVE STE 1700  
CHICAGO IL 60601-7652

Employer Identification Number: 13-3039601  
Group Exemption Number: 9334  
Person to Contact: Mr. McQueen  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Oct. 19, 2012, request for information about your tax-exempt status.

Our records indicate that you were issued a determination letter in June 1985, and that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501(c)(3) of the Code.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106 and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in

the heading of this letter.

Sincerely yours,

^^cl-Richard McKee,  
Department Manager Accounts Management  
Operations

National Office  
225 N. Michigan Ave., Fl. 17 Chicago, IL 60601-7633  
312 335 8700 p 800 272 3900 866 699 1246 f info@alz.org <mailto:info@alz.org>

December 14, 2012

Erna Colborn  
Alzheimer's Association - Greater Illinois  
8430 West Bryn Mawr, Suite 800  
Chicago, IL 60631

Dear Ms. Colburn,

Pursuant to a request I received from you, I am writing to confirm that a Group Exemption issued by the Internal Revenue Service to the Alzheimer's Association covers the Greater Illinois Chapter.

Attached is a copy of the Internal Revenue Services' affirmation letter of the Association's exempt status, dated October 30, 2012. The third paragraph contains the language about the exemption of all of the Association's chapters. It reads "...we recognized the subordinates named on the list you submitted as exempt from Federal income tax under section 501 (c)(3) of the Code." Every year we update the list of chapters covered by the group exemption, and the Chapter's name is contained on that list on file with the Internal Revenue Service.

I hope the contents of this letter meet your requirements. If you need anything else, please contact me.

Sincerely,

Michelle D. Helton, CPA  
Senior Director, Financial Operations  
Alzheimer's Association National Office  
312-335-5183

the compassion to care, the leadership to  
conquer"

## Illinois Department of Revenue

M^^^0,ii/m Office of Local Government Services 'WSm^Wv Sa,es Tax  
Exemption Section, 3-520 %W^^7/ 101 W. Jefferson Street "W^W"  
Springfield, Illinois 62702 217 782-8881

July 8, 2011

ALZHEIMERS DISEASE L RELATED DISORDERS ASSN  
CHICAGO AREA CHAPTER  
8430 W BRYN MAWR AVE STE 800  
CHICAGO IL 60631

We have received your recent letter; and based on the information you furnished, we believe

ALZHEIMERS DISEASE L RELATED DISORDERS ASSN  
of  
CHICAGO, IL

is organized and operated exclusively for charitable purposes.

Consequently, sales of any kind to this organization are exempt from the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9983-6394-06. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on August 1, 2016, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services Illinois  
Department of Revenue

STS-49 (R-2/98) IL-492-  
3456 11-0000102

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*To learn the 10 Warning Signs of Alzheimer's disease, visit [www.alz.org/10signs](http://www.alz.org/10signs) <<http://www.alz.org/10signs>>.*

Alzheimer's Association

to help people live with Alzheimer's disease

**BANKERS**

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