



City of Chicago



Or2016-191

Office of the City Clerk

Document Tracking Sheet

Meeting Date: 4/13/2016

Sponsor(s): Burke (14)

Type: Order

Title: Tag day permit(s) for Salvation Army Metropolitan Division, The; Blue Cap; State Department of Illinois Polish Legion of American Veterans, U.S.A.; ChildFund International; and Chicago Firemen's Post 667

Committee(s) Assignment: Committee on Finance

11

CHICAGO April 13, 2016

To the President and Members of the City Council:

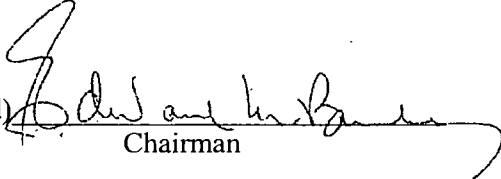
Your Committee on Finance having had under consideration one (1) order authorizing five (5) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. The Salvation Army Metropolitan Division
June 3-4, 2016; November 1, 2016 – December 24, 2016
(excluding Sundays)
Citywide
- B. Blue Cap
August 19-20, 2016
Citywide
- C. State Department of Illinois
Polish Legion of American Veterans, U.S.A.
May 19-22, 2016
Citywide
- D. ChildFund International
April 14, 2016 – December 31, 2016
Citywide
- E. Chicago Firemen’s Post 667
May 25-27, 2016
Citywide

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 viva voce vote of the members of the committee with _____ dissenting vote(s)).

Respectfully submitted

(signed) 
Chairman



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

- A. The Salvation Army Metropolitan Division
June 3-4, 2016; November 1, 2016 – December 24, 2016
(excluding Sundays)
Citywide

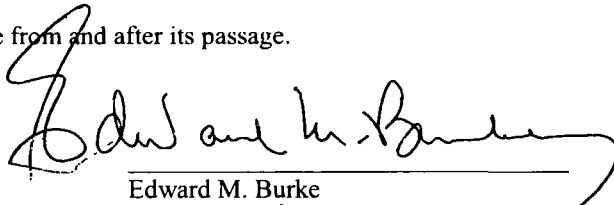
- B. Blue Cap
August 19-20, 2016
Citywide

- C. State Department of Illinois
Polish Legion of American Veterans, U.S.A.
May 19-22, 2016
Citywide

- D. ChildFund International
April 14, 2016 – December 31, 2016
Citywide

- E. Chicago Firemen's Post 667
May 25-27, 2016
Citywide

This order shall take effect and be in force from and after its passage.



Edward M. Burke
Alderman, 14th Ward

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

PERMIT NUMBER:	2016-07		
GROUP NAME:	The Salvation Army Metropolitan Division		
ADDRESS:	5040 N. Pulaski Road, Chicago, IL 60630		
TELEPHONE NUMBER:	312-205-3537		
CONTACT PERSON:	Shanell Allen		
DATE WRITTEN REQUEST WAS RECEIVED:	March 8, 2016		
SOLICITATION DATE:	June 3-4, 2016		
	November 1, 2016 – December 24, 2016 (Except Sundays)		
CITY COUNCIL DATE:	April 13, 2016		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 13, 2016		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. **Name of organization:** The Salvation Army Metropolitan Division
Address: 5040 N. Pulaski Road, Chicago, IL 60630
Telephone Number: 773-725-1100

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

Lt. Colonel Charles Smith
5040 N. Pulaski Road
Chicago, IL 60630

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

June 3-4, 2016 and November 1 thru December 24, 2016
Sidewalks in the Public Way throughout the City of Chicago

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

Approximately 75 people/volunteers

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

Volunteers will be using marked Donut Day collection boxes and Red Kettles

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

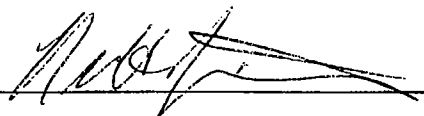
Yes, we have solicited in the City of Chicago for 75 years.

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.**

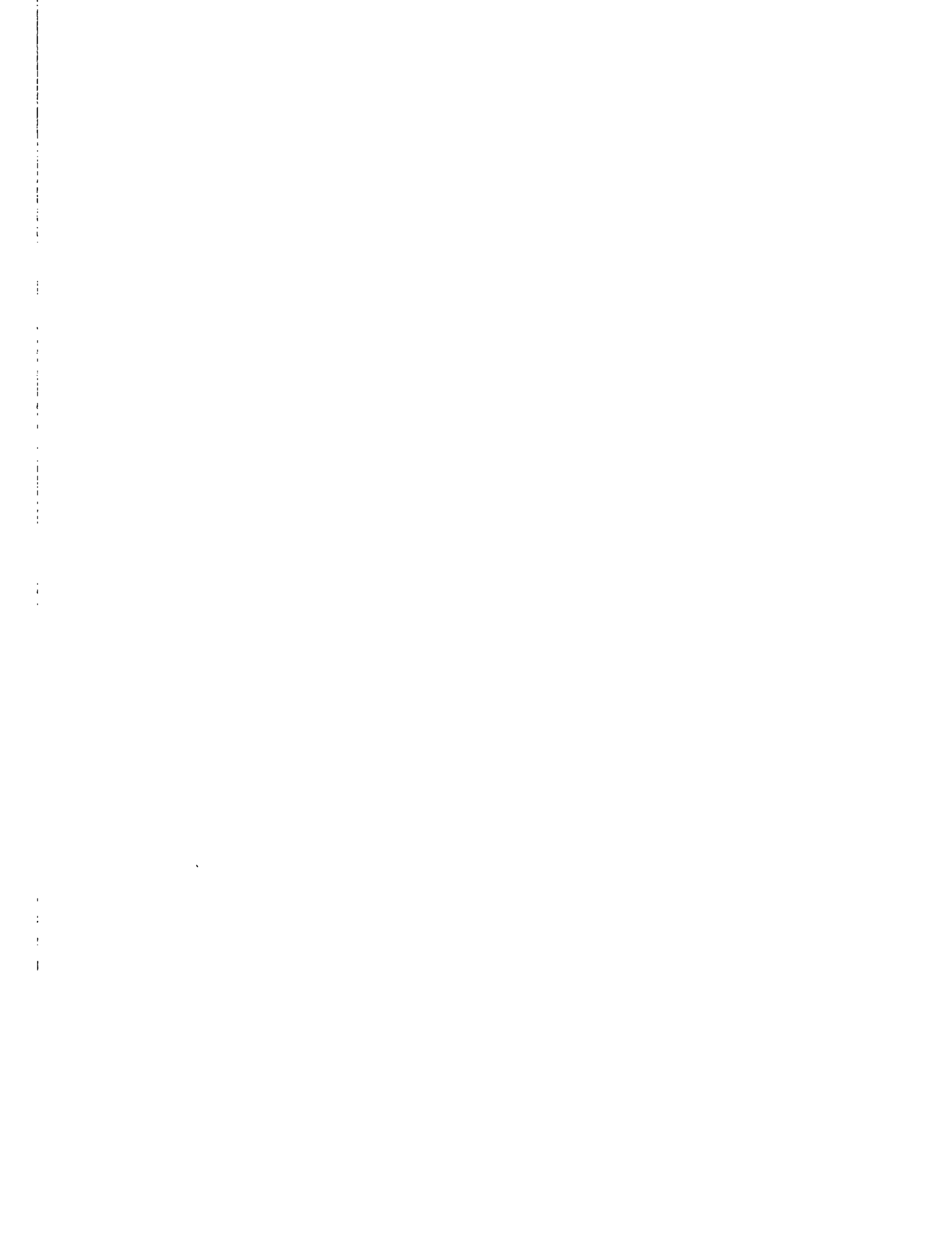
APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

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  Title EXECUTIVE DIRECTOR OF DEVELOPMENT Date 3-8-16

Signature _____ Title _____ Date _____

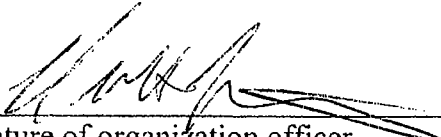
Signature _____ Title _____ Date _____



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.

THE SALVATION ARMY METRO DHQ
Name of organization



Signature of organization officer

3-8-16
Date



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

March 8, 2016

THE SALVATION ARMY
10 W ALGONQUIN RD
DES PLAINES, IL 60016

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of THE SALVATION ARMY under the Illinois Charitable Laws
CO# _____

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of THE SALVATION ARMY under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as _____ and has been granted single religious exemption from filing annual financial reports with our office. Please let us know if you require further information.

Sincerely,

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



The Salvation Army

Founded in 1865 by William and Catherine Booth

DOING THE MOST GOODSM

Metropolitan Division

André Cox
General

Paul R. Seiler
Territorial Commander

Charles H. Smith
Lt. Colonel
Divisional Commander

March 8, 2016

Mr. David Espinoza
Committee on Finance
City of Chicago
121 N. LaSalle Street
Room 302
Chicago, IL 60602

Dear Mr. Espinoza,

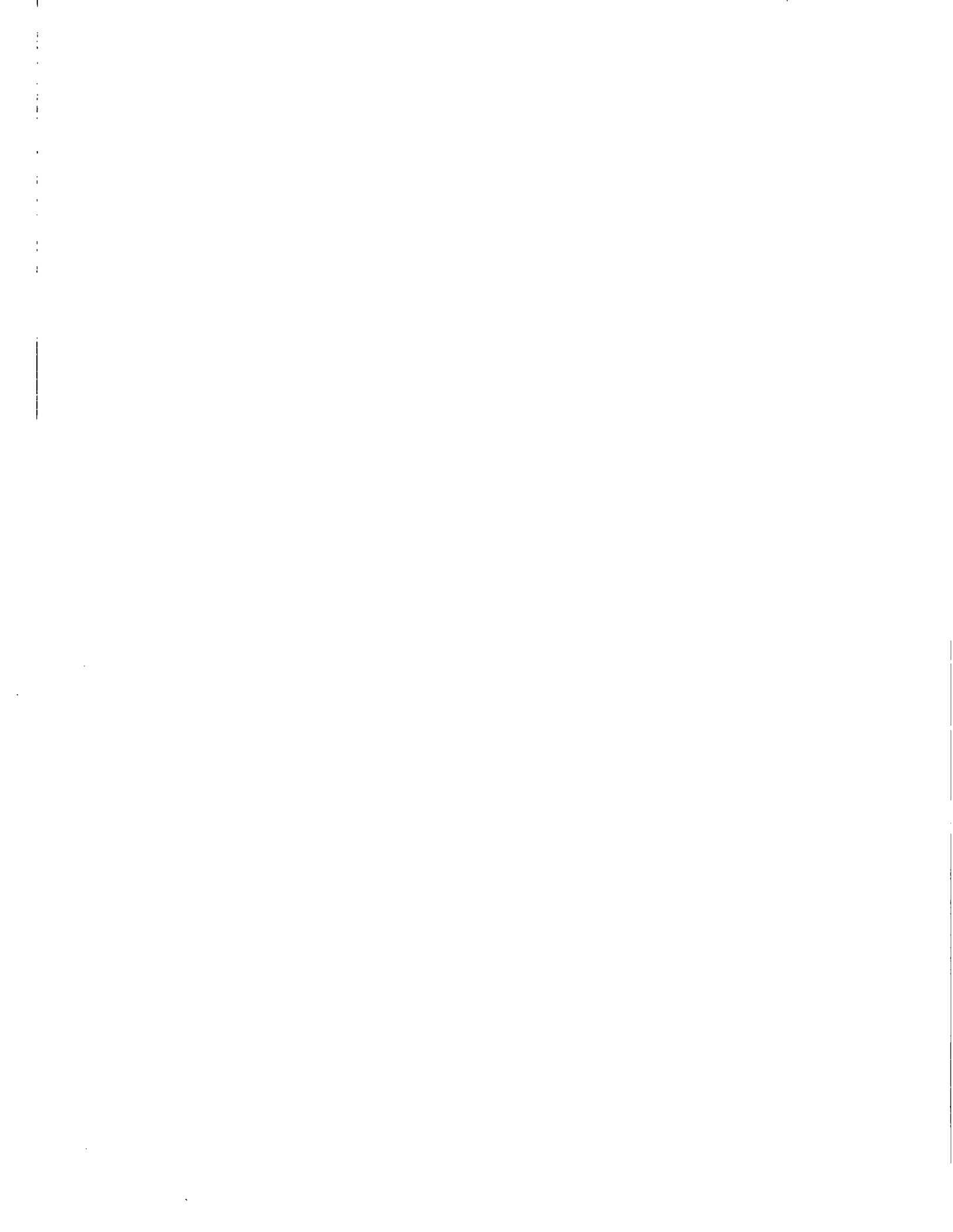
Enclosed you will find an application from The Salvation Army requesting approval to conduct a charitable solicitation in support of our upcoming Donut Day fundraising event and Kettle Campaign. The dates of this year's event are June 3-4, 2016 and November 1 thru December 24, 2016.

Funding from this event will help to support The Salvation Army's program and services for people in need throughout the city. We thank you for your past support and assistance in securing these permits and approvals.

If you have any questions or need additional information, please do not hesitate to contact me at 773-205-3537 or Shanell_Allen@usc.salvationarmy.org.

Best regards,

Shanell Allen



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

PERMIT NUMBER:	2016-08		
GROUP NAME:	Blue Cap		
ADDRESS:	2155 Broadway, Chicago, IL 60406		
TELEPHONE NUMBER:	708-389-8137		
CONTACT PERSON:	Sheryl Germany		
DATE WRITTEN REQUEST WAS RECEIVED:	March 1, 2016		
SOLICITATION DATE:	August 19-20, 2016		
CITY COUNCIL DATE:	April 13, 2016		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 13, 2016		
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: Blue Cap

Address: 2155 Broadway Blue Island IL 60406

Telephone Number: 708-389-8137

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

Treasurer - Michael Valente 708 [redacted] Palos Heights IL 60463

Secretary - A. Michael Connor [redacted] Mt. Crown Point IL 60307

President - Sherri Germany [redacted] Palos Heights IL 60463

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

August 19, 2016 (see attached list)

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

150

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

Hand out candy for donations

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

2011, 2012, 2013, 2014

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.

Volunteers will be wearing apron smocks with

Blue Cap logo + sponsor logo



Chicago Locations

Rock Island RR- 103rd and Longwood*
Rock Island RR – 107th and Longwood*
Rock Island RR – 111th and Longwood*
95th & Western – East/West/North/South
99th & Western – East/West/North/South
103rd & Western- East/West/North/South
111th & Western -East/West/North/South
111th & Kedzie – East/West/North/South
95th & Ashland –East/West/North/South
119th & Western (Walgreens with their permission)
A few Loop locations
Union Station*
LaSalle Street Station*

*Blue Cap Foundation will obtain permission from Metra for all train stations

1

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 Michael G. Valeri Title Treasurer Date 3-1-16

Signature A. Michael Connor Title Secretary Date 3-1-16

Signature Sheryl Germany Title Vice Chairman Date 3-1-16

Vertical line of text on the left margin.

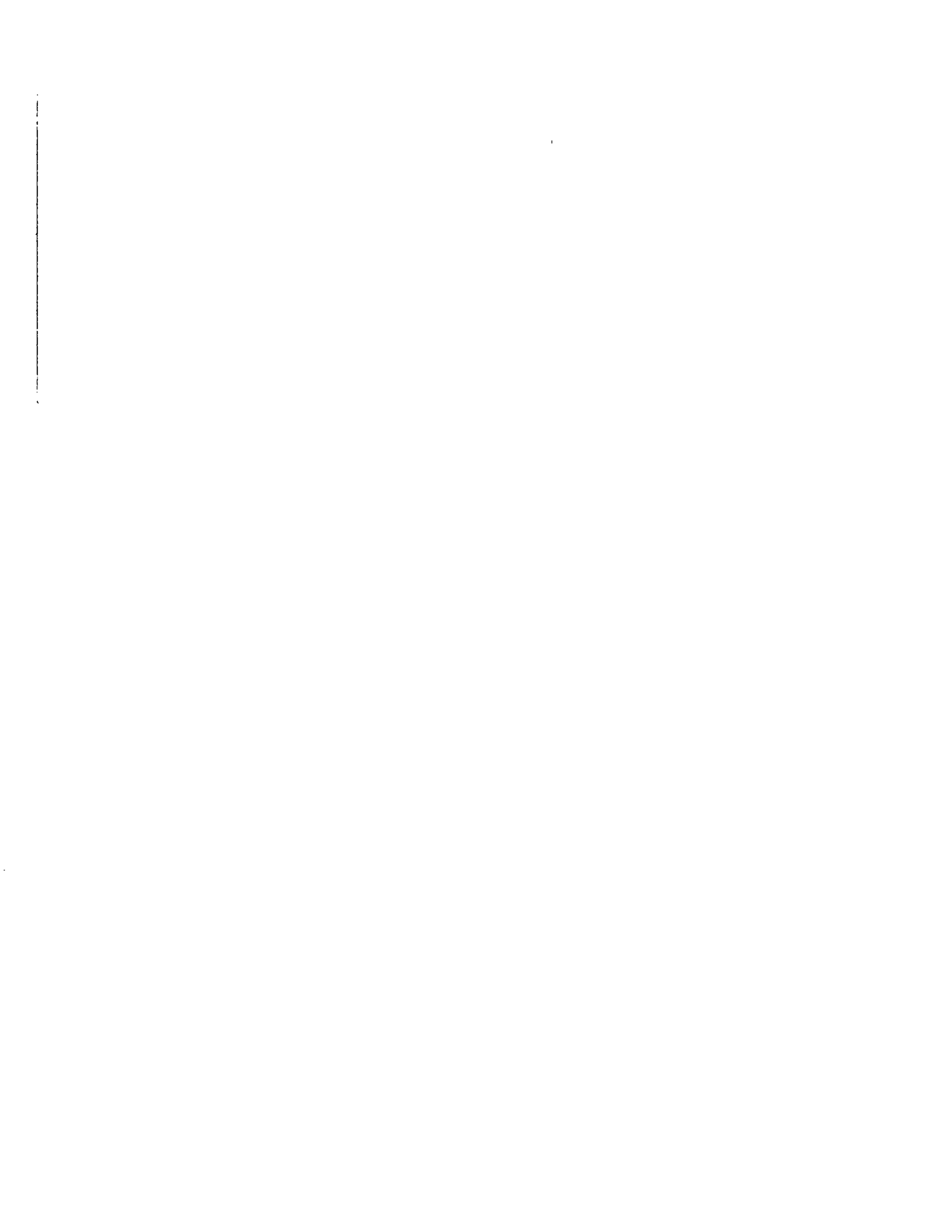
HOLD HARMLESS AGREEMENT

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.

Blue Cap
Name of organization

Sheryl Germany
Signature of organization officer

3-1-16
Date





OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

March 17, 2016

BLUE CAP FOUNDATION, INC.
2155 BROADWAY
BLUE ISLAND, IL 60406

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of BLUE CAP FOUNDATION, INC. under the Illinois Charitable Laws
CO# [redacted]

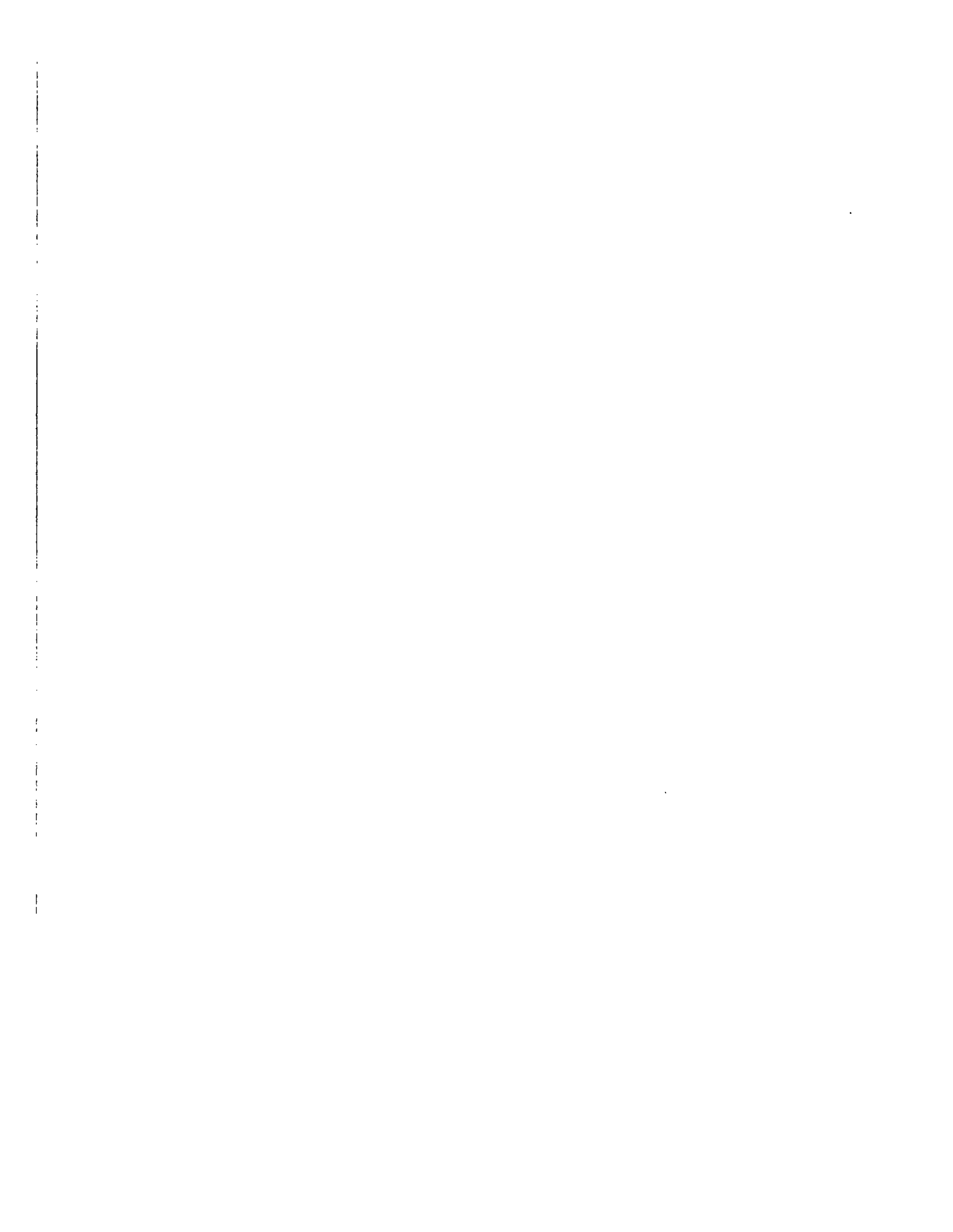
Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of BLUE CAP FOUNDATION, INC. under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO [redacted]. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2015. Please let us know if you require further information.

Sincerely,

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/27/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Arthur J. Gallagher Risk Management Services, Inc.
Two Pierce Place
Tasca IL 60143

CONTACT NAME: Ryan Doyle
PHONE (A/C, No, Ext): 630-285-3678 **FAX (A/C, No):**
E-MAIL ADDRESS: Ryan_doyle@ajg.com

INSURED
Blue Island Citizens
2155 Broadway Street
Blue Island IL 60406-3050

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Great American Alliance Insurance C	26832
INSURER B : Great American Insurance Company	16691
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 928122624** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

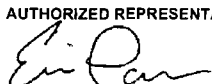
NSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			PAC0991208	7/1/2015	7/1/2016	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			CAP0991209	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UMB0991210	7/1/2015	7/1/2016	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Auto Deductibles: Comprehensive \$500 / Collision \$1,000
Evidence of Insurance for:
Tag Day Events: August 19, 2016 and August 20, 2016

CERTIFICATE HOLDER **CANCELLATION**

Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE


P.O. Box 2508
Cincinnati OH 45201

In reply refer to:

Mar. 10, 2009 LTR 4168C E0

000000 00 000

00026883

BODC: TE

BLUE ISLAND CITIZENS FOR PERSONS
WITH DEVELOPMENTAL DISABILITIES
2155 BROADWAY ST
BLUE ISLAND IL 60406-3050

3

Employer Identification Number: [redacted]
Person to Contact: MS. WINKLER
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your request of Feb. 27, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in MAY 1965, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iv).

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,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I

BC BLUE CAP

Blue Island Citizens for Persons with Developmental Disabilities

Mission Statement

Blue Cap is an organization dedicated to the discovery, pursuit and achievement of personal growth and dignity for individuals of all ages having or at risk for developmental disabilities.

Blue Cap is a 501(c)(3) non-profit organization.



Youth Services

School Program is an Illinois State Board of Education approved program serving students with intellectual disabilities ages 3 through 21 years of age with a diagnosis of autism, physical impairment, cognitive delay or other health impairments. We provide educational, therapeutic, self-help and pre-vocational services to students, 3 to 21 years of age, diagnosed with severe developmental disabilities and/or autism.

Early Intervention An early intervention records management and billing service which allows therapists the time to focus on providing the best therapy for children age birth to 3.

Adult Services

Adult Day Services offers individualized support and education to persons with developmental disabilities, 18 years and older, with an emphasis on vocational training and teaching of daily living skills.

- A **Workshop** facility provides a supervised work environment in which adults with developmental disabilities are trained to do a variety of jobs contracted from local industries.
- **Supported Employment** offers individualized support to adults with developmental disabilities who are interested in community job placement, while providing businesses with quality employees
- **Senior Program** offers older individuals living with developmental disabilities the opportunity to retain their current life skills while embracing their golden years.

Residential offers a variety of supportive living arrangements in the community for adults with developmental disabilities.

Specialized Services offers a facilitator to support families receiving services for adults with intellectual and developmental disabilities who are living at home.



Overview of Services

In 1967, Blue Cap responded to the needs of the community by providing a school program that served 28 students with developmental disabilities. Today, Blue Cap offers seven different programs which provide educational, vocational, therapeutic and residential services to nearly 200 infants, children and adults. Blue Cap serves the south side of Chicago and more than 30 suburban communities.

Adult Services Building Main Office

2155 Broadway
Blue Island, IL 60406
708.389.6578
708.389.5086 fax

Instructional Center

1962 Broadway
Blue Island, IL 60406
708.389.8137
708.389.3669 fax

Visit us at:
www.blue-cap.org
Like us on
Facebook





Blue Island Citizens for Persons with Developmental Disabilities

1962 Broadway
Blue Island, IL 60406
Phone: (708) 389-8137
Fax: (708) 389-3669
www.Blue-Cap.org
Like us on Facebook

Coming up on Blue Cap's Calendar:
Blue Cap Foundation 22nd
Charity Invitational
Silver Lakes Country Club
Wednesday June 15, 2016

Attention: David Espinoza

Company: Chicago City on Finance

Fax: Scan: letter of good standing

From: Cathy Buchina - Blue Cap.

Date: 3/21/2016

Number of Pages (including cover sheet): 2

Message: David -

Here is an updated letter for the Charitable Trust.
Thank you for e-mailing me & calling.

For holding a tag day Cathy Buchina
Aug 19th + 20th. Blue Cap

Mission Statement
Blue Cap is an agency dedicated to the discovery, pursuit and achievement of personal growth and dignity for individuals of all ages having or at risk developmental disabilities.

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged or confidential. You are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Mail.

BC BLUE CAP
Blue Island Citizens for Persons with Developmental Disabilities
Tag Days



Blue Cap, located in Blue Island, is a 501(c)(3) non-profit organization that has been providing services for people of all ages with developmental disabilities since 1967.

Sponsored by:
Ferrara Candy Co.



*Thank you for supporting
Blue Cap!*

Blue Cap has been offering support to children and adults with developmental disabilities since 1967. We touch the lives of nearly 250 people each year through one of our 9 distinct programs. We currently serve families from the City of Chicago and over 30 suburban communities. Our Workshop contracts with 5 different businesses, offering valuable job training to over 100 adults with developmental disabilities. Blue Cap operates 8 community-centered homes for adults with developmental disabilities.

Our school program provides educational and therapeutic services to students diagnosed with severe developmental disabilities and/or autism. Of each dollar donated to Blue Cap, 88 cents goes directly to the programs and services.

***Your tax deductible contribution to Blue Cap Tag Days
helps make all of this possible. Thank you!***



Contact us to learn more:

708.389.6578 or

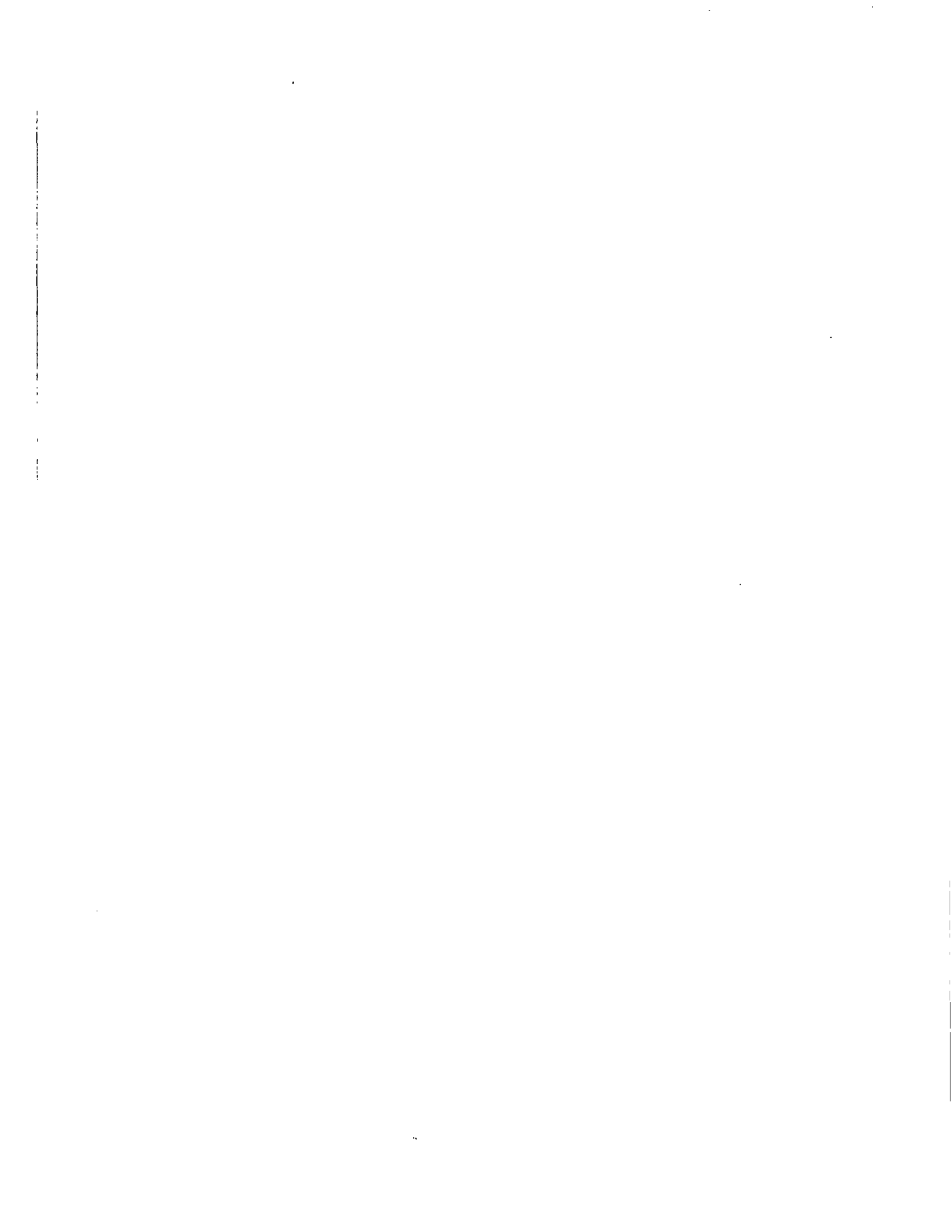
www.blue-cap.org

Blue Cap

2155 Broadway

Blue Island, IL 60406





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

PERMIT NUMBER:	2015-09		
GROUP NAME:	State Department of Illinois -		
	Polish Legion of American Veterans		
ADDRESS:	5048 W. Wellington Avenue, Chicago, IL 60641		
TELEPHONE NUMBER:	773-545-9159		
CONTACT PERSON:	Mr. Walter Komarnicki		
DATE WRITTEN REQUEST WAS RECEIVED:	March 18, 2016		
SOLICITATION DATE:	May 19-22, 2016		
CITY COUNCIL DATE:	April 13, 2016		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 13, 2016		
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: STATE DEPARTMENT OF ILLINOIS POLISH LEGION OF AMERICAN VETERANS, U.S.A.
 Address: 5048 W. WELLINGTON AVE., CHICAGO, IL 60641
 Telephone Number: 773-545-9159

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

3. List the date and approximate location(s) of solicitation:
MAY 19, 20, 21, 22, 2016

4. Approximately how many persons will be engaged in the solicitation?
30

5. Explain the methods your organization will use to solicit funds: ON THE NORTHWEST SIDE OF CHICAGO STANDING ON CORNERS OF INTERSECTIONS, IN FRONT OF SUPER MARKETS

6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when? YES
MAY 2015, MAY 2014, MAY 2013, MAY 2012, MAY 2011

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.

COMMITTEE ON FINANCE
2016 MARCH 18 PM 2:00

SEE ATTACHED

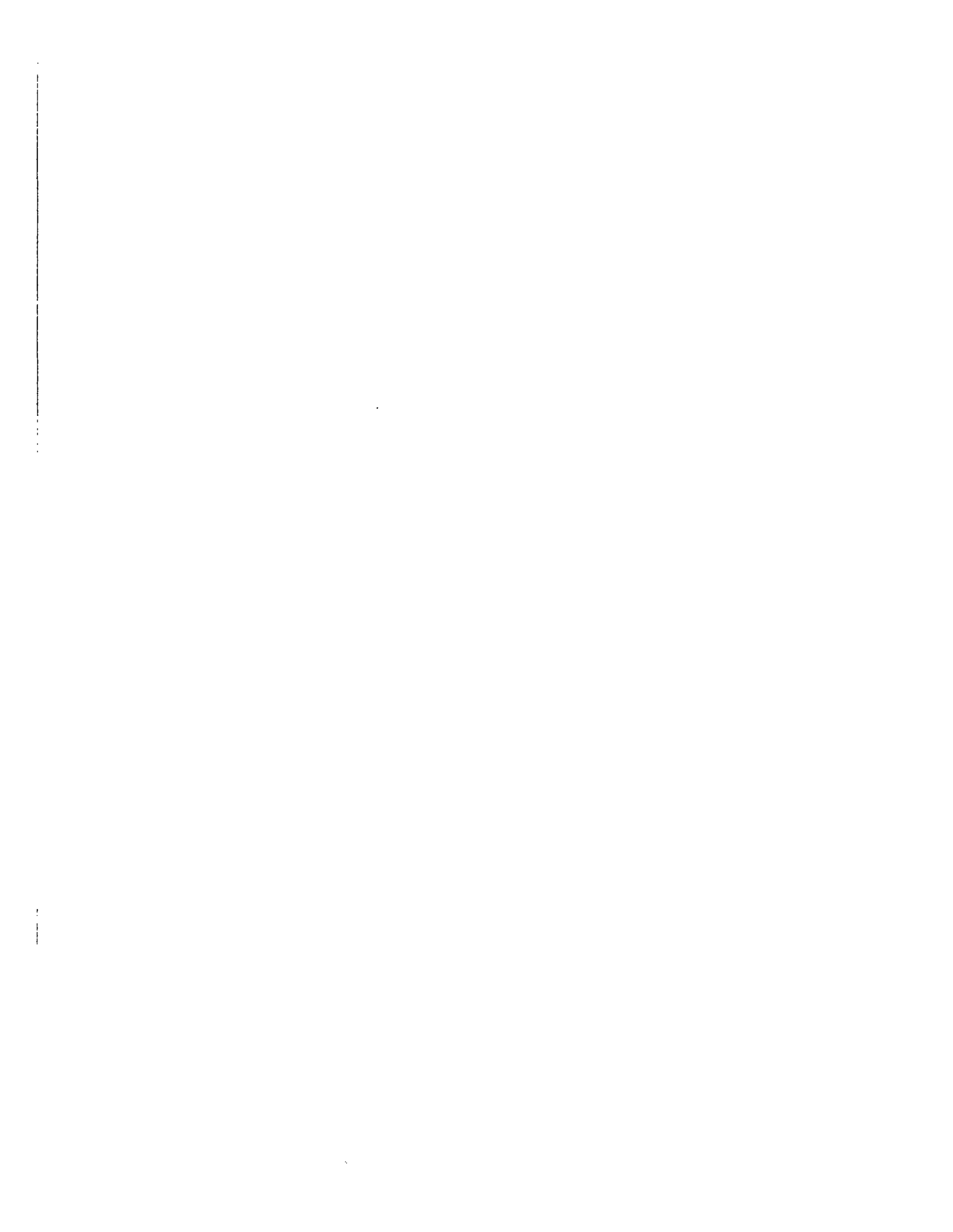
8. Please include any other relevant information which would assist the Committee on Finance in reviewing this application.
FUNDS RAISED WILL BE USED TO ASSIST VETERANS AND THEIR FAMILIES WHO ARE IN NEED OF MONETARY ASSISTANCE. FOR THE CARE OF VETERANS IN HOSPITALS AND VETERANS HOME IN THE STATE OF ILLINOIS.

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

I, DAVE, 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 W. Komarnicki Title TREASURER Date 3/15/16

Signature _____ Title _____ Date _____



"Unity with Heritage"

Polish Legion of American Veterans

"Aid to the Blind Program"

COMMANDER
Robert Swan
530 LaFayette Lane
Hoffman Estates, IL 60169
847-322-9874
E-Mail
robert.swan@sbcglobal.net



DEPARTMENT OF ILLINOIS
CHARTERED BY ACT OF CONGRESS
ILLINOIS CHARTERED APRIL 14, 1921

ADJUTANT
JULIANNE VIDUYA
2402 N. New England
Chicago, IL 60707
773-622-6901

#2

State Department Officers

Commander: Robert Swan, [REDACTED], Hoffman Estates, IL 60167

Sr. Vice-Commander: Dennis Deisenroth, [REDACTED] Island Lake, IL 60042

Jr. Vice-Commander: Kevin Pomykala, [REDACTED], Elwood, IL 60421

Treasurer: Walter J. Komarnicki, [REDACTED], Chicago, IL 60641

Adjutant: Julianne Viduja, [REDACTED], Chicago, IL 60707

For Office Use Only

PMT #	_____
AMT	_____
INIT	_____

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT
 Attorney General LISA MADIGAN State of Illinois
 Charitable Trust Bureau, 100 West Randolph
 11th Floor, Chicago, Illinois 60601

Form AG990-IL
Revised 3/05

CO # _____

Report for the Fiscal Period:
 Beginning 01 / 01 / 2014
 & Ending 12 / 31 / 2014

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Copy of Form IFC
- \$15.00 Annual Report Filing Fee
- \$100.00 Late Report Filing Fee

Federal ID # _____

Are contributions to the organization tax deductible? Yes No

Date Organization was created 01 / 01 / 21

LEGAL NAME POLISH LEGION OF AMERICAN VETERANS - STATE DEPT OF IL	Year-end amounts	
MAIL ADDRESS 5048 WEST WELLINGTON AVENUE	A) ASSETS	A) \$ 63,170
CITY, STATE, ZIP CODE CHICAGO, ILLINOIS 60641-5045	B) LIABILITIES	B) \$
	C) NET ASSETS	C) \$ 63,170
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV (GROSS AMTS.)	75.77 %	D) \$ 18,510
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	16.80 %	E) \$ 4,105
F) OTHER REVENUES	7.43 %	F) \$ 1,815
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 24,430
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	80.35 %	H) \$ 23,134
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	80.35 %	J) \$ 23,134
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J). \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	80.35 %	L) \$ 23,134
M) MANAGEMENT AND GENERAL EXPENSE	19.65 %	M) \$ 5,659
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 28,793
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE WALTER KOMARNICKI - TREASURER		T) \$ 698
U) NAME, TITLE JULIANNE VIDUYA - DIRECTOR		U) \$ 407
V) NAME, TITLE R SWAN - DIRECTOR		V) \$ 468
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION COMFORT AND AID TO VETERANS IN HOSPITALS		W) # 127
X) DESCRIPTION		X) #
Y) DESCRIPTION		Y) #

1

2

3

4

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1 WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		✓
2 HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF EVER BEEN CONVICTED BY ANY COURT OF ANY MIDDSEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		✓
3 DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST, OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		✓
4 HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		✓
5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		✓
6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		✓
7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		✓
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____, (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____, AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		✓
9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		✓
10 WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		✓
11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS. ATHENE ANNUITY & LIFE ASSURANCE CO #0040099504; AMERICAN GENERAL LIFE SERVICES CO #MN034810; MCHENRY BANK AND TRUST #2650002077		
12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: WALTER KOMARNICKI - 1		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END
- 2.) FOR FEES DUE SEE INSTRUCTIONS
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

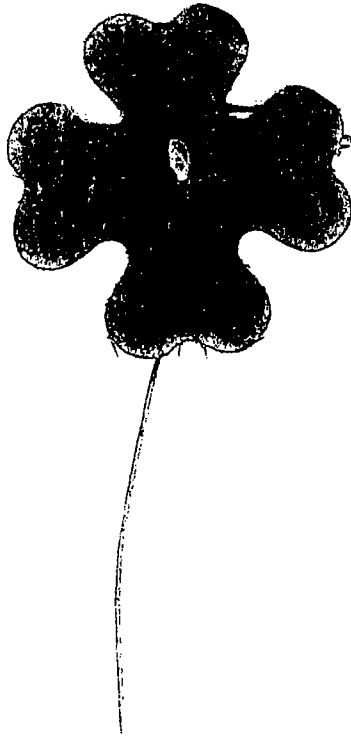
<i>Robert Swan</i>	<i>[Signature]</i>	6/3/15
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
WALTER KOMARNICKI	<i>[Signature]</i>	6/3/15
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
EVE C BALCIUNAS	<i>[Signature]</i>	5/28/15
PREPARER (PRINT NAME)	SIGNATURE	DATE

1

1

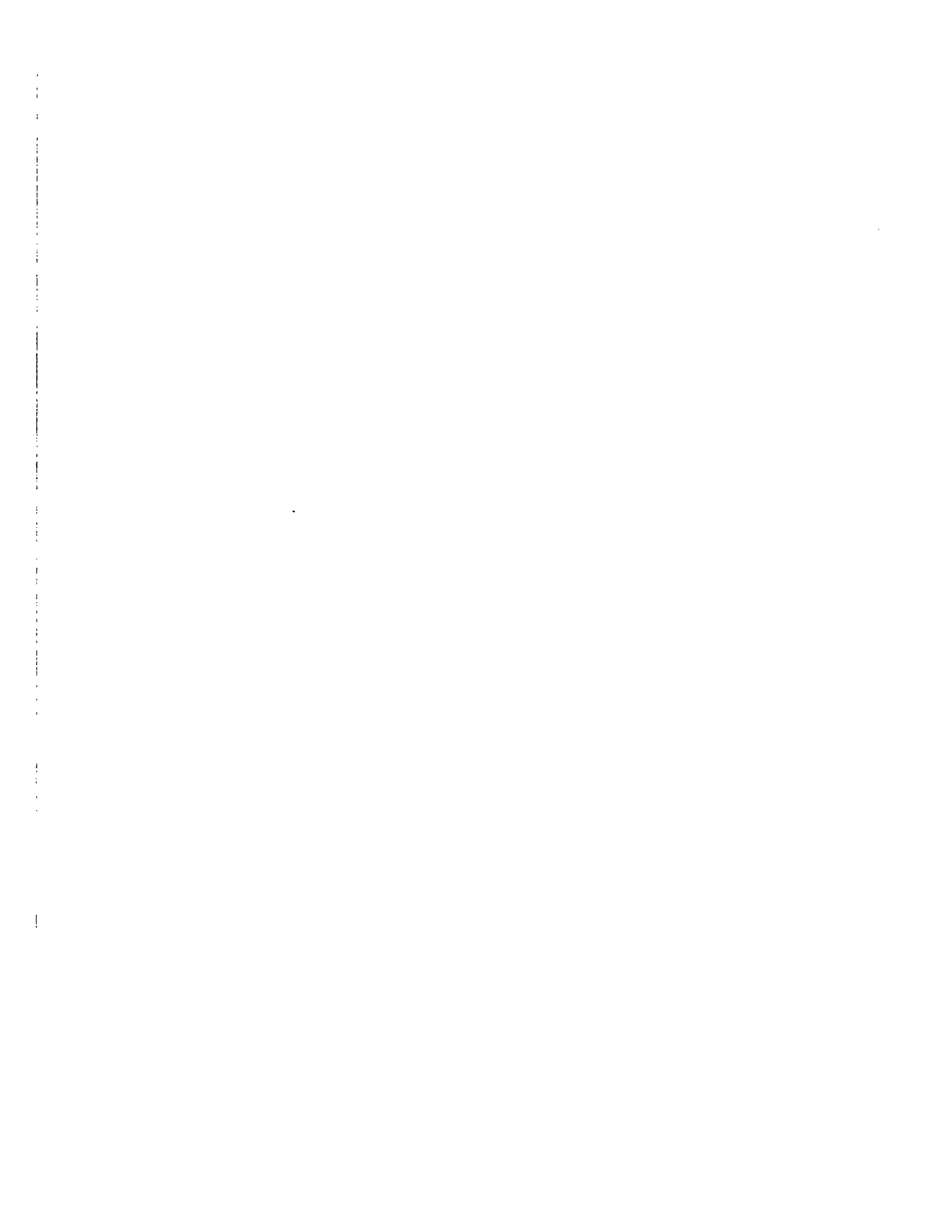
1

#7B.



Polish Legion American Veterans
CHARTERED BY ACT OF CONGRESS
Thank You





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

PERMIT NUMBER:	2016-11		
GROUP NAME:	ChildFund International		
ADDRESS:	2821 Emerywood Parkway, Richmond, VA 23294		
TELEPHONE NUMBER:	703-556-0411		
CONTACT PERSON:	Hailey Render		
DATE WRITTEN REQUEST WAS RECEIVED:	March 10, 2016		
SOLICITATION DATE:	April 14, 2016 – December 31, 2016		
CITY COUNCIL DATE:	April 13, 2016		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 13, 2016		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

Vertical line of text on the left margin.

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

1. Name of organization: **ChildFund International**

Address: **2821 Emerywood Parkway, Richmond, VA 23294**

Telephone Number: **804-756-3513**

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

PLEASE SEE ATTACHMENT #1

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

April 14
March 16, 2016 - December 31, 2016

Please see attachment #2 for locations

DC for
H.A.
3-18-16

4. Approximately how many persons will be engaged in the solicitation? **10-12**

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

Face to Face Fundraising campaign on the street. Our agent, DialogueDirect will generate commitments and increase the public awareness of the charitable efforts of ChildFund International

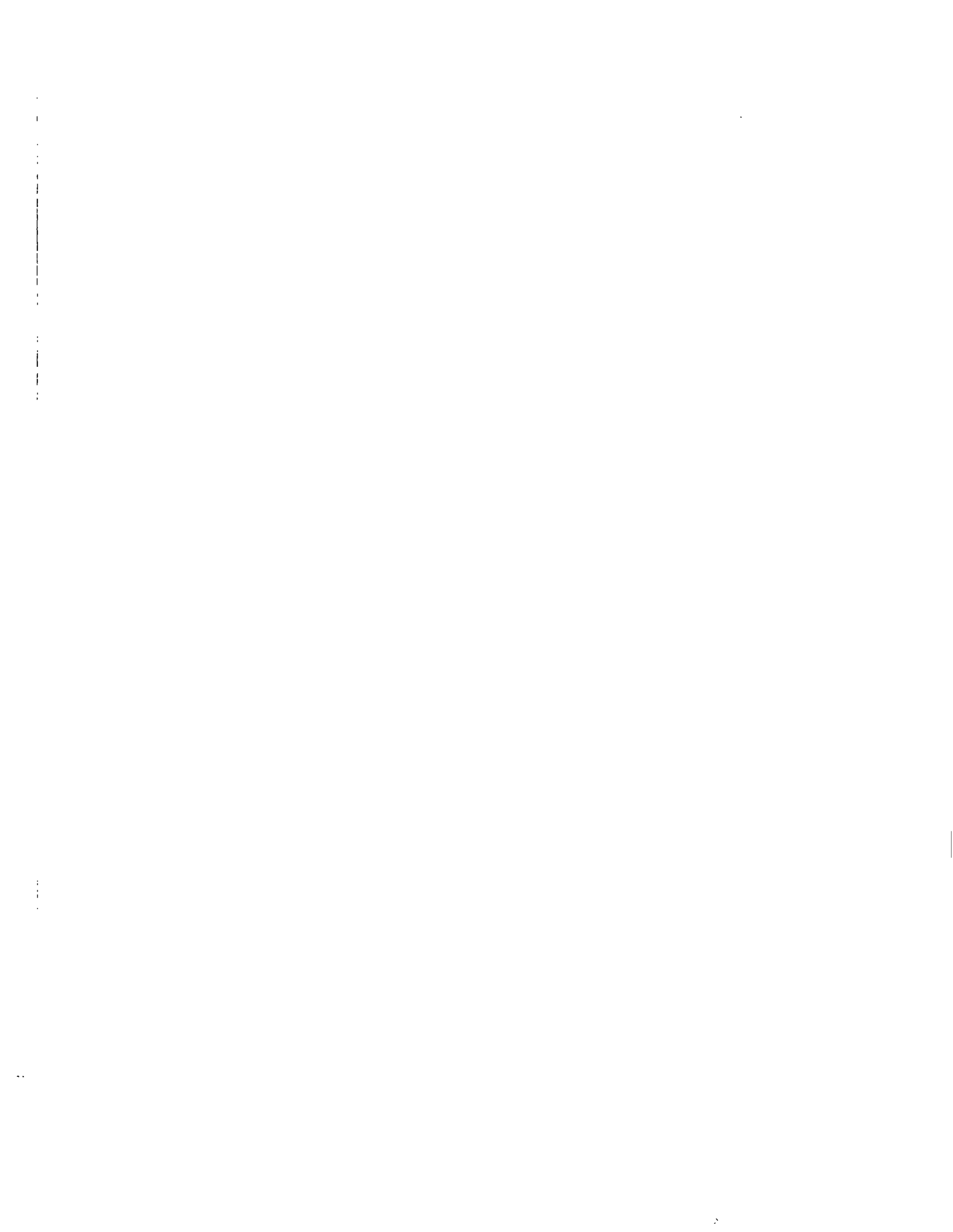
6. **Has your organization ever been allowed to collect funds in prior years in the City of Chicago? If so, when?**

2013

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. please see attachment #3**
- 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 see attachment #4**

8. **Please include any other relevant information which would assist the Committee on Finance in reviewing this application. Please see attachment #5**



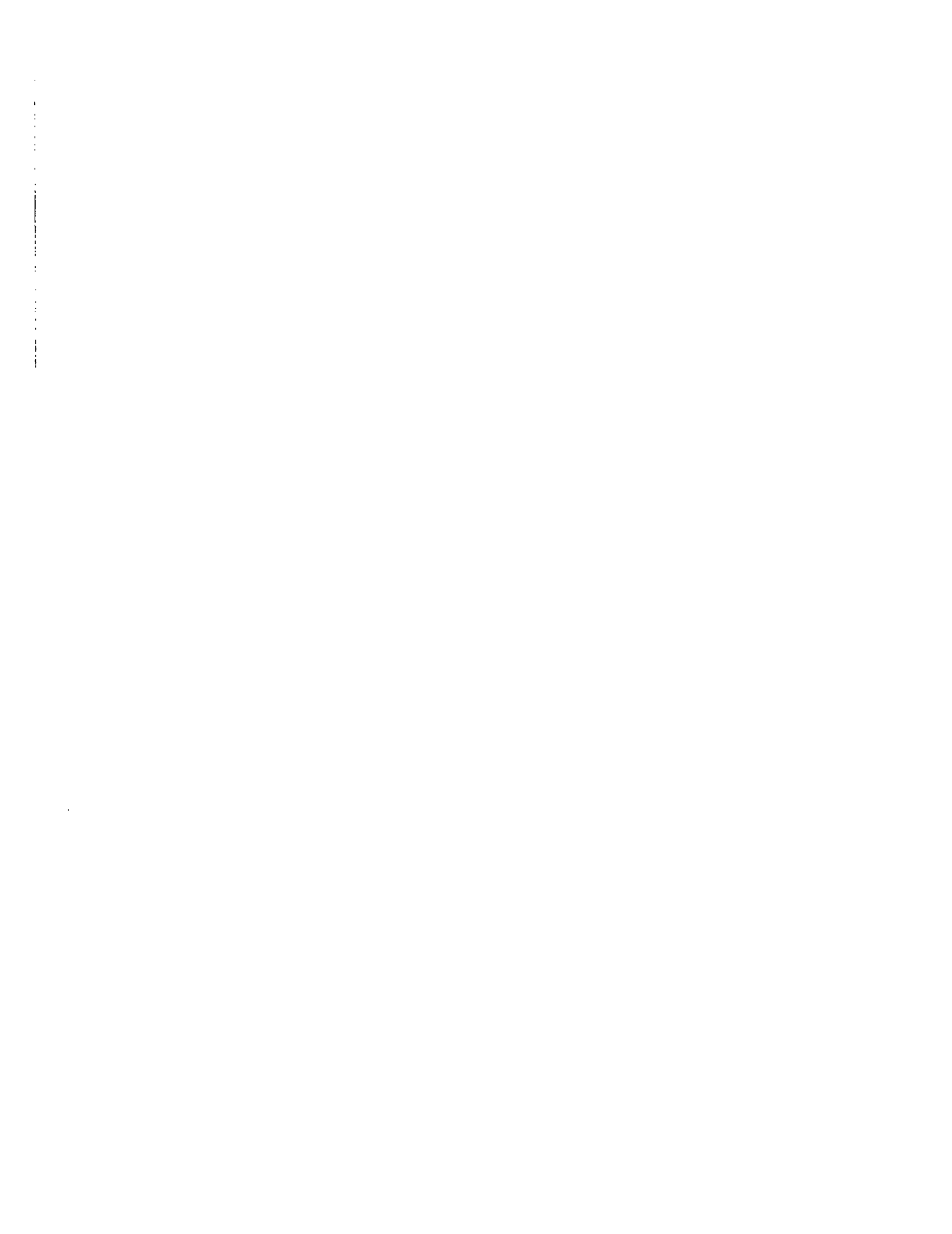
APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

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 Armed L. Wilson Title President & CEO Date 3/3/16

Signature James T. Ste Title CFAO Date 3/3/16

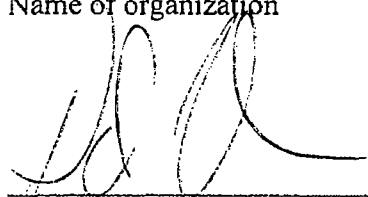
Signature _____ Title _____ Date _____



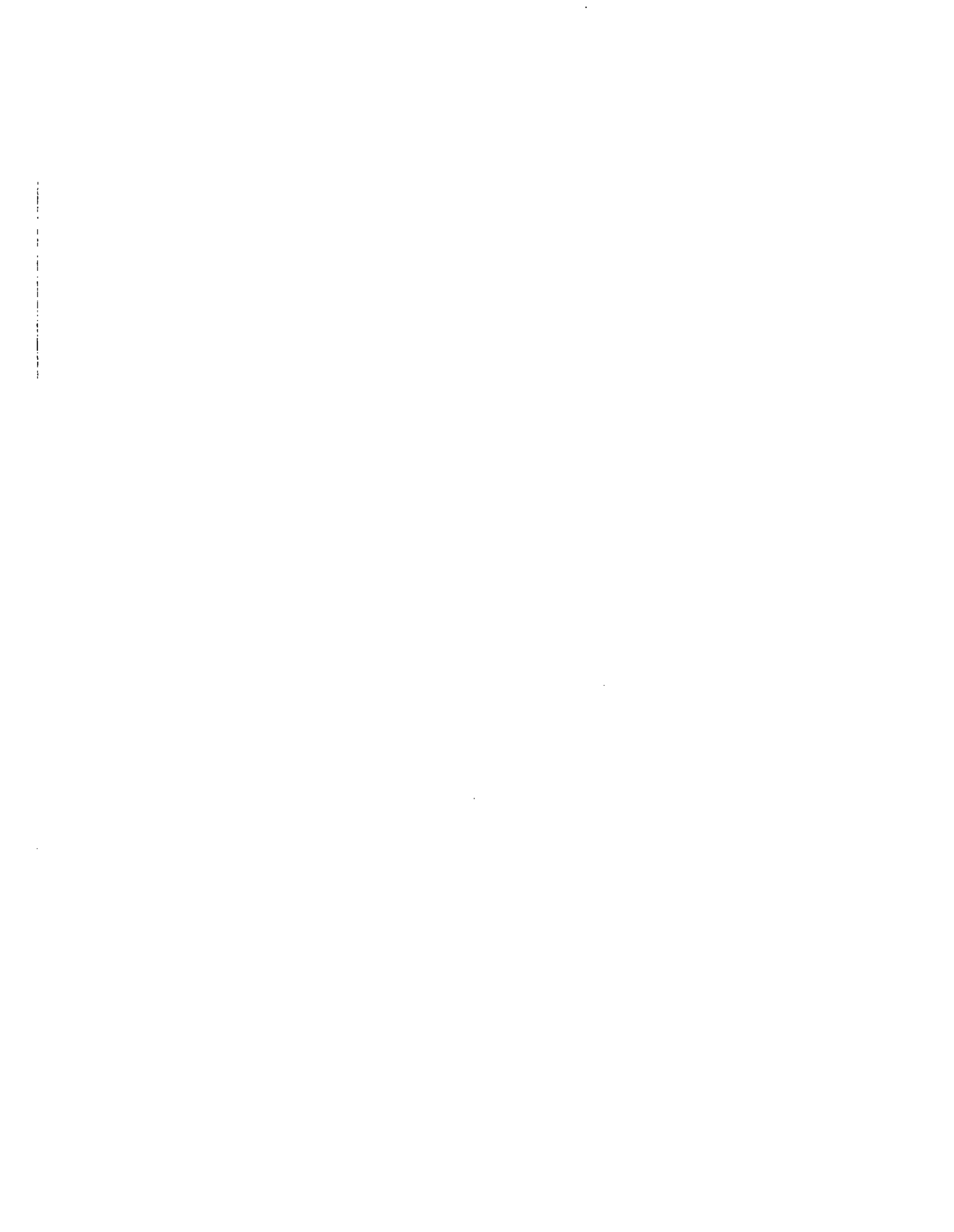
HOLD HARMLESS AGREEMENT

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.

Dialogue Direct, Inc.
Name of organization


Signature of organization officer

03/09/2016
Date





OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

February 24, 2016

CHILDFUND INTERNATIONAL, USA
2821 EMERYWOOD PARKWAY
RICHMOND, VA 23261

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of CHILDFUND INTERNATIONAL, USA under the Illinois Charitable Laws
CO# _____

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of CHILDFUND INTERNATIONAL, USA under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# _____ is current in the filing of its financial reports, having filed its report for the period ended June 30, 2014, and having received an extension of time until February 29, 2016 to file its report for the period ended June 30, 2015. Please let us know if you require further information.

Sincerely,

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



Board of Directors

Chairman

Marilyn F. Grist

Vice Chairman

John L. Lewis IV

Secretary

Nancy Hill

Chair, Audit Committee

Sarah G. Green (Sally)

Board Members

John B. Adams

Austin Brockenbrough IV

Jane D. Brown

Thomas C. Deline

Elizabeth Flanagan (Betsy)

Shailendra Ghorpade

Ed Grier

Ayesha Khanna

Jill E. Korbin

Tushar Makhija

Lyn McDermid

Geremie Sawadogo

Daniel Silva

Anne Waleski

President, CFO, Officers

President & CEO

Anne Lynam Goddard

Vice President, Finance & Operations/CFO

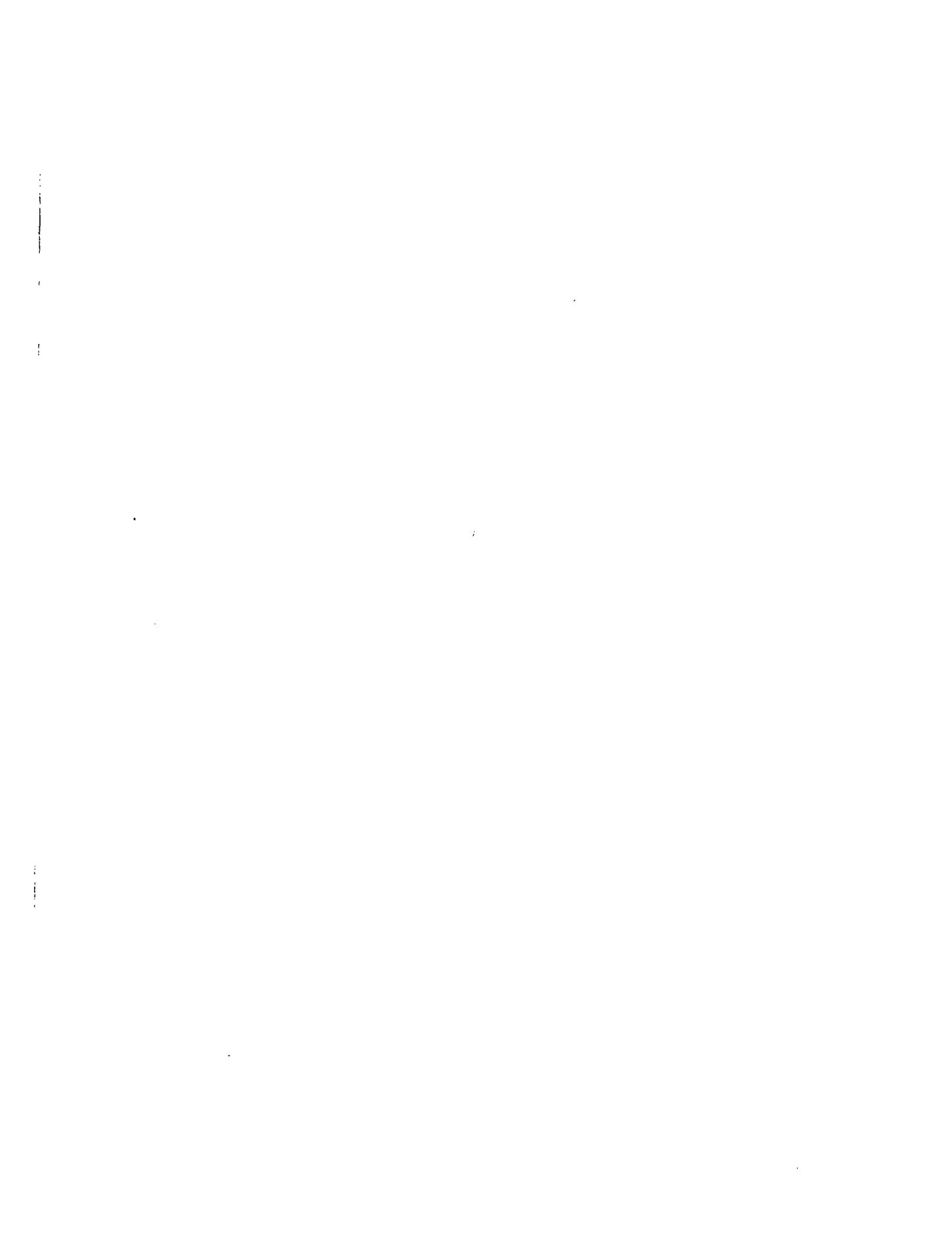
James Tuite

Chief Development & Marketing Officer

Aki Temiseva

Address for all:

ChildFund International
2821 Emerywood Parkway
Richmond, VA 23294



ATTACHMENT 2

SITE	SITE DESCRIPTION
Loop	
State/Washington	within 1/2 block of intersection
State/Randolph	within 1/2 block of intersection
State/Monroe	within 1/2 block of intersection
State/Jackson	within 1/2 block of intersection
Wabash/Monroe	within 1/2 block of intersection
Wabash/Washington	within 1/2 block of intersection
LaSalle/Washington	within 1/2 block of intersection
Daley Center	on south corners
Thompson Center	on south corners
Jackson/Clark	within 1/2 block of intersection
Adams/Dearborn	within 1/2 block of intersection
Monroe/Dearborn	within 1/2 block of intersection
Clark/Lake	within 1/2 block of intersection
Michigan/Monroe	within 1/2 block of intersection
Michigan/Jackson	within 1/2 block of intersection
Michigan/Adams	within 1/2 block of intersection
Michigan/Washington	within 1/2 block of intersection
Michigan/Lake	within 1/2 block of intersection
Madison/Wells	within 1/2 block of intersection
Monroe/Franklin	within 1/2 block of intersection
Washington/Franklin	new site (within 1/2 block of intersection)
Madison/Wacker	new site (within 1/2 block of intersection)
Canal/Monroe	new site (within 1/2 block of intersection)
Monroe/Wacker	new site (within 1/2 block of intersection)
Madison/LaSalle	new site (within 1/2 block of intersection)
Monroe/LaSalle	new site (within 1/2 block of intersection)
Clark/Wacker	new site (within 1/2 block of intersection)
Dearborn/Wacker	new site (within 1/2 block of intersection)
State/Wacker	new site (within 1/2 block of intersection)
Wabash/Wacker	new site (within 1/2 block of intersection)
Michigan/Randolph	new site (within 1/2 block of intersection)
Michigan/Madison	new site (within 1/2 block of intersection)
Michigan/Van Buren	new site (within 1/2 block of intersection)
Jackson/Wacker	new site (within 1/2 block of intersection)
Jackson/Wells	new site (within 1/2 block of intersection)
Jackson/Franklin	new site (within 1/2 block of intersection)
Wabash/Roosevelt	new site (within 1/2 block of intersection)
Wacker/Adams	new site (within 1/2 block of State Tower)
Madison/Clark	new site (within 1/2 block of intersection)
Randolph/Wells	new site (within 1/2 block of intersection)
Randolph/Franklin	new site (within 1/2 block of intersection)

SITE	SITE DESCRIPTION
Magnificent Mile	
Plaza of the Americas	next to Nordstrom Shopping mall on Mich Ave
Michigan - Marriott	outside the Marriott on Michigan
Michigan/Ohio	within 1/2 block of intersection
Michigan/Erie	within 1/2 block of intersection
Michigan/Superior	within 1/2 block of intersection
Huron/St Clair	within 1/2 block of intersection
Water Tower	within 1/2 block of intersection
State/Chicago	within 1/2 block of intersection
Navy Pier	within 1/2 block of intersection
North/Wells	within 1/2 block of intersection
State/Grand	within 1/2 block of intersection
Clark/Ontario	within 1/2 block of intersection
Clark/Division	within 1/2 block of intersection
Dearborn/Division	within 1/2 block of intersection
State/Chestnut	within 1/2 block of intersection
Erie/St Clair	within 1/2 block of intersection
Chicago/LaSalle	new site (within 1/2 block of intersection)
North Side	
Broadway/Belmont	within 1/2 block of intersection
Wicker Park	within 1/2 block of intersection
Broadway/Diversey	within 1/2 block of intersection
Roscoe/Halsted	within 1/2 block of intersection
Clark/Foster	within 1/2 block of intersection
North/Clark	new site (within 1/2 block of intersection)
North/LaSalle	new site (within 1/2 block of intersection)
North/Olborn	new site (within 1/2 block of intersection)
Madison/Halsted	new site (within 1/2 block of intersection)
Randolph/Halsted	new site (within 1/2 block of intersection)
Fullerton/Clark	new site (within 1/2 block of intersection)
Wrightwood/Clark	new site (within 1/2 block of intersection)
Shelfield/Armitage	new site (within 1/2 block of intersection)
Halsted/Armitage	new site (within 1/2 block of intersection)
Dayton/Armitage	new site (within 1/2 block of intersection)
Halsted/Dickens	new site (within 1/2 block of intersection)
Clark/Belmont	new site (within 1/2 block of intersection)
Addison/Clark (Wrigley)	new site (within 1/2 block of intersection)
Foster/Damen (Lincoln Sq)	new site (within 1/2 block of intersection)
West Side	
Hyde Park Museum	new site (within 1/2 block of intersection)
Cornell/66th	new site (within 1/2 block of intersection)
18th/Ashland	new site (within 1/2 block of intersection)

attachment 4

<p>DialogueDirect, Inc.</p> <p>ChildFund International</p> <p>ChildFund International 2821 Emorywood Parkway Richmond, VA 23294</p>	<p>ChildFund[®] International</p> <p> DialogueDirect</p>
<p>If you have any questions about DialogueDirect, please call 800-776-6767</p>	
<p>ChildFund[®] International</p> <p> DialogueDirect</p>	<p>Chicago, IL</p>

Attachment #5

DialogueDirect, Inc. Code of Practice

DialogueDirect Code of Practice for the Personal Solicitation of Committed Gifts ("Face to Face Street" and "Door to Door Fundraising")

1. We always tell potential donors clearly that we are paid fundraisers.
2. We always carry and display ID so that any potential donor can verify who we are, whom we are working for, and on whose behalf we are fundraising.
3. We always represent our Not for Profit Organization at the time, in the place, and in the manner that has been previously agreed upon, both with the NPO and with the relevant site owner or local authority, and as directed by our Team Guide or other responsible agency personnel.
4. We always explain to a donor how the NPO will communicate with them after subscribing; if they are likely to receive a follow-up phone call, we inform them of this.
5. We always ensure that forms with personal details provided by donors are handled at all stages in a secure manner.
6. We always end a conversation in a polite and respectful manner as soon as we are asked to.
7. We always ensure, wherever possible, that if a member of the public has a complaint, a full and accurate record of the complaint and the complainant's contact details are taken so that action can be taken promptly and appropriately. We will also offer the complainant contact details for a person in authority who can respond to their concerns.
8. We never say or do anything that could offend or harass people, and we do not use manipulative techniques or pressure-tactics.
9. We never confuse or mislead the public and we never ~~ask, do, or display~~ anything related to the NPO for which we have not been given express permission by the NPO.
10. We never behave while on duty in any way that might bring the NPO or DialogueDirect into disrepute.



FAX TRANSMISSION

Charitable Trusts and Solicitations Bureau
100 W. Randolph Street, 11th Floor
Chicago, IL 60601-3175
Phone: (312) 814-2595 Fax: (312) 814-2596

To: Hailey Render Date: 02/24/2016

Fax #: 888-222-6807 Pages: (2) including cover page

From: Takiyah Martin-Barnes
Compliance Officer
Direct: 312-814-5840

Subject: Letter of Good Standing Request CO# 01004395

COMMENTS:

Forms can be downloaded at www.illinoisattorneygeneral.gov under "Building Better Charities."

This FAX may contain attorney-client, attorney work product or other privileged and/or confidential information. This FAX is intended only for the use of the individual for whom or entity to which it is addressed. If you have received this FAX in error, please notify the sender at the above telephone number and destroy this FAX. If you are not the intended recipient, you are hereby notified that any retention or dissemination of this FAX and/or the information it contains is strictly prohibited.

ORIGINAL (check one) WILL WILL NOT BE SENT BY MAIL

GENERAL COUNSEL^{PC}

ATTORNEYS AT LAW

6849 OLD DOMINION DRIVE, SUITE 220, MCLEAN, VIRGINIA 22101
(MAIN) 703-556-0411 (FAX) 888-222-6807
WWW.GENERALCOUNSELLAW.COM

HAILEY B. RENDER
EMAIL: HRENDER@GCPC.COM
DIRECT DIAL: (703)226-1874

March 10, 2016

SENT VIA FEDEX

David Espinoza
City of Chicago – Committee on Finance
City Hall, Room 302
121 North LaSalle Street
Chicago, IL 60602

Re: Application for Charitable Solicitation Permit

To David:

I wanted to thank for all of your guidance and support thus far, it is greatly appreciated.

Enclosed you will find the following documents for a Charitable Solicitation Permit for Dialogue Direct and ChildFund International:

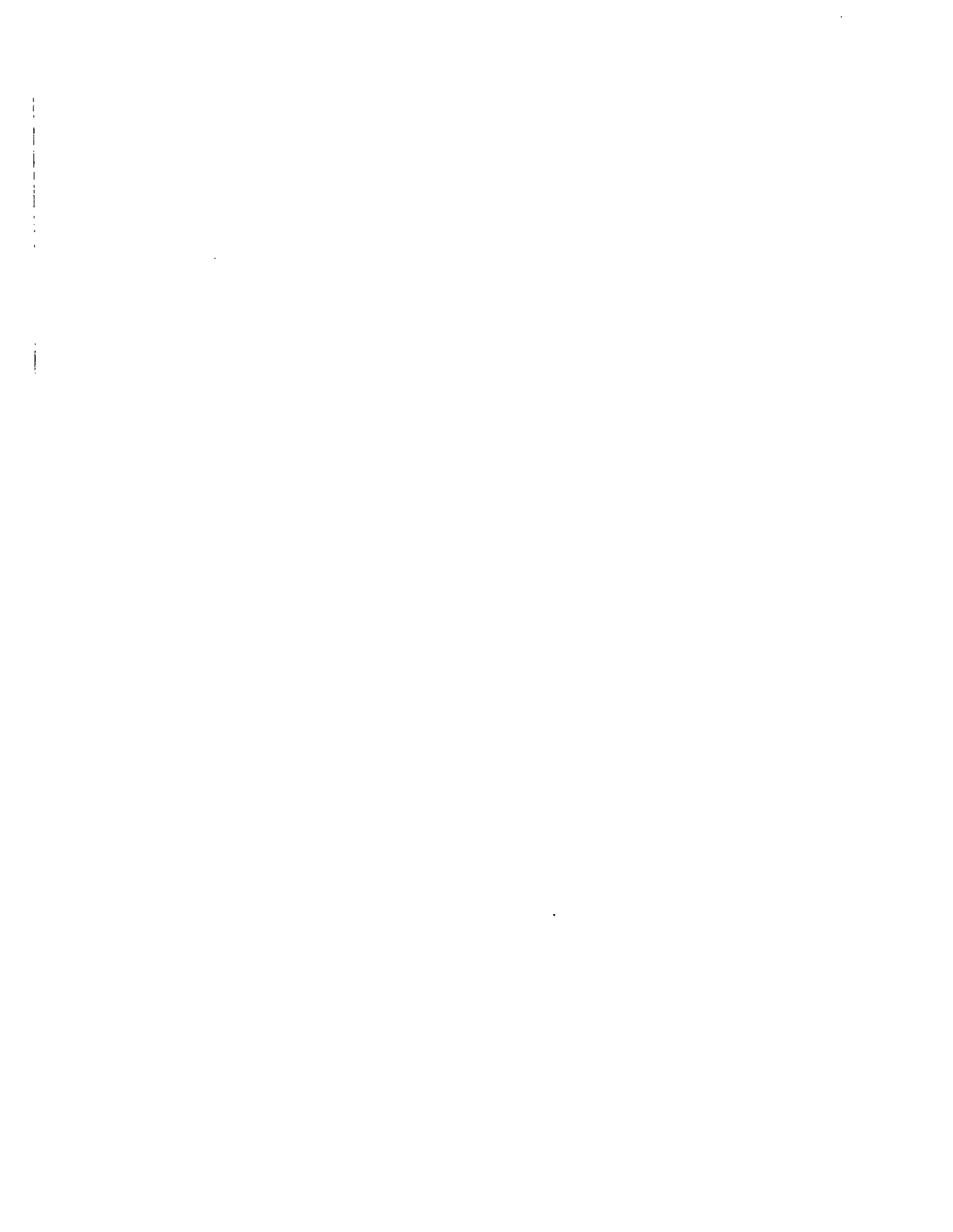
- Application for City of Chicago Charitable Solicitation permit along with the attachments.
- The requisite fee amount of \$910.00 (in the form of a check)
- Letter of Good Standing issued by the Charitable Trust and Solicitation Bureau.

Please let me know if you have any questions regarding this application.

Sincerely,



Hailey Render



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

PERMIT NUMBER:	2016-12	
GROUP NAME:	Chicago Firemen's Post 667	
ADDRESS:	3647 N. Tripp Avenue , Chicago, IL 60641-3038	
TELEPHONE NUMBER:	773-283-4305	
CONTACT PERSON:	James Mindak	
DATE WRITTEN REQUEST WAS RECEIVED:	March 13, 2016	
SOLICITATION DATE:	May 25-27, 2016	
CITY COUNCIL DATE:	April 13, 2016	
COMPLETION OF FILE DATE:		
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:		
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 13, 2016	
VIOLATION (S)		
COMMITTEE LETTER SENT:		
COMPLY RECEIVED:		
COMMENTS:		



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

April 7, 2016

CHICAGO FIREMEN'S LEGION POST 667
3647 N. TRIPP AVE.
CHICAGO, IL 60641-3038

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of CHICAGO FIREMEN'S LEGION POST 667 under the Illinois Charitable
Laws CO# [REDACTED]

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of
CHICAGO FIREMEN'S LEGION POST 667 under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust
and Solicitations Bureau as CO# [REDACTED]. It is current in the filing of its financial reports,
having filed its report for the period ended December 31, 2015. Please let us know if you
require further information.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Martin Barnes".

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

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:** CHICAGO FIREMEN'S POST 667
AMERICAN LEGION
Address: 3647 N. TRIPP AVE.
CHICAGO, IL. 60641-3038
Telephone Number: 77 [REDACTED]

2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**
JAMES MINDAK
ADJUTANT/FINANCE OFFICER
AVE.
CHICAGO, IL. 60641-3038
[REDACTED]

3. **List the date and approximate location(s) of solicitation:**
MAY 25, 26, 27, 2016
VARIOUS LOCATIONS WITHIN CITY OF CHICAGO LIMITS

4. **Approximately how many persons will be engaged in the solicitation?**
APPROX. 5-8

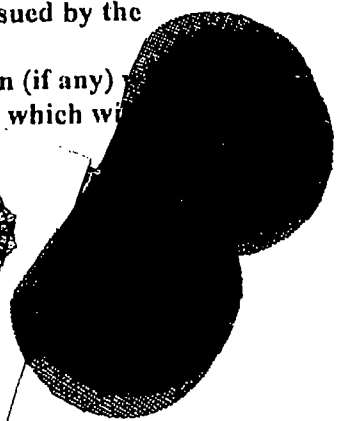
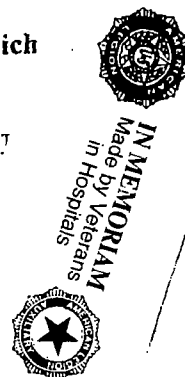
5. **Explain the methods your organization will use to solicit funds:**
STREET SALE OF POPPY'S TO AID VETERANS IN VARIOUS VA HOSPITALS AND HOMES.

6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**
YES, MAY 20-22, 2015 PERMIT NO. 2015-05

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)~~ will be distributed as part of the solicitation or which will be used by your organization in its solicitation

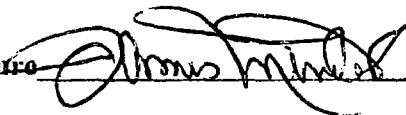
8. **Please include any other relevant information which on Finance in reviewing this application.**

REGISTRATION WITH ATTORNEY GENERAL
DEPT. OF ILLINOIS AMERICAN LEGION



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  Title ADJUTANT/ FIN. OFF. Date 13 MAR. 2016

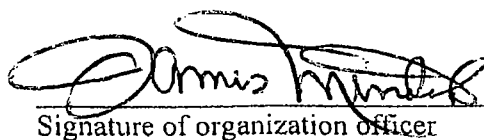
Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

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.

CHICAGO FIREMEN'S POST 667 AMERICAN LEGION
Name of organization

 ADJ/EN OFF.
Signature of organization officer

13 MAR. 2016

Date

