

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 \_\_\_\_\_ fa vjYa^"\*p  
vote of the members of the committee with \_\_\_\_\_ dissenting  
vote(s)).**

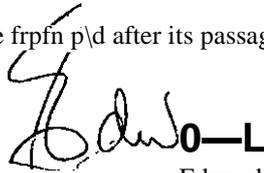
Respectfully submitted  
  
\_\_\_\_\_  
(signed)^>  
Q^^V^ X6>. JL  
(Chairman



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,  
14<sup>th</sup> 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 of Date **3 6-1k**  
Pev&L-opneNjr

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ 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.

- 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.

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

A handwritten signature in black ink, appearing to be "J. Smith", is written over a solid horizontal line.

Signature of organization officer

3 ib

Date

Mar-08-16  
05:29pm From-

T-471



March 8, 2016  
OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

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

Lisa Madigan  
\*RUMK

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 Illinois Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as a religious organization 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,

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

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1



# The Salvation Army

DOING THE MOST GOOD<sup>SM</sup>

Founded in 1865 by William A. and Catherine Booth

**Metropolitan Division**

Andre Cox  
General  
P&R Seller territorial  
Commander

March 8, 2016

Charles H. Smith I.T.  
Colonel

Divisional Commander 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\\_Alleni@usc.salvationarmy.org](mailto:Shanell_Alleni@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:

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

1. Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ " "X <Vw.7<-i-i, G.v»'<= o "\  
4£\V><=

3. List the approximate location(s) of solicitation: \_\_\_\_\_

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

/So

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

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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?

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.

^ CA \c>c\_xe -v- .i ^ci\ \$ c-r \ 0 c



## Chicago Locations

Rock Island RR- 103 and Longwood\*

Rock Island RR - 107<sup>th</sup> and Longwood\*

Rock Island RR - III<sup>th</sup> and Longwood\*

95<sup>th</sup> & Western - East/West/North/South

99<sup>th</sup> & Western - East/West/North/South

103<sup>rd</sup> & Western- East/West/North/South

III<sup>th</sup> & Western -East/West/North/South

III<sup>th</sup> & Kedzie - East/West/North/South

95<sup>th</sup> & Ashland -East/West/North/South

119<sup>th</sup> & 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

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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 \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signed, \_\_\_\_\_ Title \_\_\_\_\_  
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.

\'5'x, ^. Ccx'^

Name of organization

Signature of .organization officer

Date



Mar-17-16  
12:33pm From-

T-482



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

March 17, 2016

**BLUE CAP FOUNDATION, INC.**  
**2155 BROADWAY \*;?2<EJ2SS BLUE ISLAND. IL 60406**

M,,

**RE: RE: Status of BLUE CAP FOUNDATION, INC. under the Illinois Charitable  
Laws  
COff " |**

**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 " 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,**

**Tikiyah Martin Bames, Compliance Officer  
Charitable Trusts Bureau  
1 C O West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312)814-2595**



ACORCF

# 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  
Ryan J. Gallagher Risk Management Services, Inc.  
Two Pierce Place tasca IL 60143

CONTACT NAME: Ryan Doyle  
NAME: Ryan Doyle  
(A/C, Nn, FY): 630-285-3678 | (A/C. No):

ASKRESS- Ryan\_doyle@ajg.com  
INSURER(S) AFFORDING COVERAGE NAIC#

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

INSURER A Great American Alliance Insurance C 26832  
INSURER B Great American Insurance Company 16691  
INSURER C  
INSURER D  
INSURER E

CERTIFICATE NUMBER: 928122624

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,

Policy No.	Effective Date	Expiration Date	Limit
PAC099T208	7/1/2016		\$1,000,000
			\$300,000
			\$10,000
			\$1,000,000

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

INSURER F  
7/1/2015

**REVISION NUMBER:**

EACH OCCURRENCE  
DAMAGE TO RENTED  
PREMISES (Ea occurrence)  
MED EXP (Any one person)  
PERSONAL & ADV INJURY  
GENERAL AGGREGATE \$2,000,000  
PRODUCTS - COMP/OP AGG \$2,000,000  
COMBINED SINGLE LIMIT  
(Ea accident) \$1,000,000  
BODILY INJURY (Per person)  
BODILY INJURY (Per accident)  
PROPERTY DAMAGE  
(Per accident)

GEN'L AGGREGATE LIMIT APPLIES PER

POLICY | PRO | LOC  
AUTOMOBILE LIABILITY | JEC |  
OTHER  
ANY AUTO  
ALL OWNED  
AUTOS  
SCHEDULED AUTOS | |  
NON-OWNED HIRED AUTOS | |  
AUTOS

CAP0991209

7/1/2015 7/1/2016

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OCCUR

UMB0991210

7/1/2015 7/1/2016

\$5,000,000

EXCESS LIAB

CLAIMS-MAD

\$5,000,000

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AGGREGATE

PEP RETENTION \$

WORKERS COMPENSATION  
AND EMPLOYERS' LIABILITY  
ANY PROPRIETOR/PARTNER/EXECUTIVE  
OFFICER/MEMBER EXCLUDED?  
(Mandatory in NH) If yes, describe under  
DESCRIPTION OF OPERATIONS below

Y, N  
HN /Ai

PER  
STATUTE

E L EACH ACCIDENT

E L DISEASE - EA EMPLOYEE- \$

E L DISEASE - POLICY LIMIT \$

OTH-  
\_ER

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\uo Deductibles: Comprehensive \$500 / Collision \$1,000

Evidence of Insurance for:

fag 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



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ACORD 25 (2014/01) are registered marks of ACORD

V1//JLjCCKS Internal Revenue  
Service-P.O. Box 2508  
Cincinnati OH 4520

In reply refer to;  
Mar. 10, 2009 LTR 4168C E0  
000000 00 000  
000268  
BODC: TE

BLUE ISLAND CI7IZEN5S FOR PERSONS  
WITH DEVELOPMENTAL DISABILITIES 2155  
BROADWAY ST BLUE ISLAND IL  
6G406-3Q5D

3

employers Identification Numbers ' . \_\_\_\_\_ . . . , ■ -  
Person to Contacts "MS INKLE R  
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.

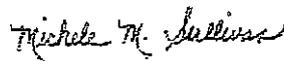
Our records indicate that a determination letter was issued in MAY 1965, that recognized you as exempt from Federal income tax? and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.,

Our records also indicate you are not a private foundation within the meaning of section 509(c) of the Code because you are described in section 509(a)(1) and 170 (b) (3) (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,, 2166 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, 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.



## 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

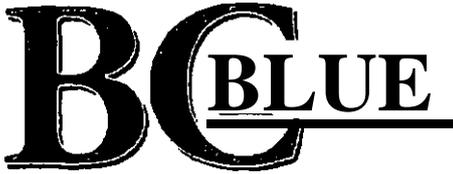
## Overview of Services

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.

Visit us at:

www.bluc-cap.org j^j  
Like us on 4tj^-j\*jtv  
Facebook HA™





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: CU\)\& A< p 1 fl <S> A

Company: ? V^- 4^<y> \_\_\_\_\_ 'Z-iXy' (■> vs. ^f^ «->a ,, -) <■

From:

Date: ^/aZ/flfIM

Number of Pages (including cover sheet): Q\_

Message: K)c\ 0 i Ql \_\_\_\_\_

### 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.

**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 [j] [www.blue-cap.org](http://www.blue-cap.org)  
**RC BLUE CAP**™ ——— ^Q@23BTr3s^ BlueCap ,\_ ,  
 ^^^x^^=Ci'-'/' 21 55 Broadway \m\  
 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 C.I.T.V OF C.I.I.C.A.M.i CHARITABLE SOLICITA TION T.E.I.O.I.I.T

t'Pfenic neatly print or type. In necessary in answering any t'uestiun, pk-use :ilt:ich additional sheets.)

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Telephone ;Nðmber: -jy ^ t'fc^Cf l g C(

IM- The space liclotv to list names, eurrenl pnsilinns, rwitlentf aililrro.<9> anil telephone numbers of the olTicers in (lie or^nni/nt'iuii:

*5GGT/Writeteb Steer*

List the date a nt I approximate locntionf.\*) tifsolit tit\* n:

- 4\* A(i)irnXimalcK- how manv persons will be engaged »» 'he &oiivilntior>? 2 S  
O\* «3\*  
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- 5. E>pliiithri7ietliuibyourn^»iii«ili«n«illiiscinsn^ (fvtvSC^T <^Ei  
SftfWc, toAOgfiz bit ipT6r\SecT(0V<?\_x flJ ffSSbf ■
- 6. Huj your orfani/.afion e>er been alluned lo solicit funds in prior yeirs in tin' V 5>  
Cily »f Chicago? If so,«lien? "\*/^"fj  
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(^A.y' A fnjy uf the registration Mutirnicir filed with the AUnrney OcncruJ  
of thcStiitc ot Illinois: or exemption UKUCIJ by ILL-  
Attorney Ccnenil of the Sinle ui Illinuiv  
Qty A copy ol the n>p, badge, emblem or othw fokun (il any) whirh /^M r\*U f\*1^ will be  
di.Ytrihiiteri as part of the snlicitiition, or which will be osrd by your organization in ils  
sobril-.ition.
- S. IMcase inrlmlc any other rclcvnrn information which would nssist the Coinmiilce  
on Fsnrmrc in reviewing this nppheatiou.

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APPLICATIONS MUST BE RECEIVED UV IHE COMMITTEE Ois' FINANCE NO LATE THAN 3U IMYS PKIOK TO THE COMMENCEiMF.NT OK THE SOLICITATION.

(IAvF.. THE OKI-TCCK(S) OF T.I.IT. ABOVE NAMED OKGAM/.A ITON, CERTIFY T'II AT THE INFORMATION IT UMSIIEI7 IN THIS STATEiVIKN "I AND AM, ATTACHED SHEETS IS TRUE AM) CORRECT TO THE BEST Or iVIY/OLU K.NOWLEDCE. (NOTE: AT LEAST ONE OFFICER OK THE OKG A NIDATION MUST SIGN AND VEIiIFT THIS AITLICA HON.)

'UteAtUfc/L Dale ^^bjl^

Sign:ilui'e\_

Title

Halo



"Unity with Heritage"

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



**DEPARTMENT OF ILLINOIS**

CHARTERED BY ACT OF CONGRESS  
ILLINOIS CHARTERED APRIL 14, 1921

"Aid to the Blind Program"

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

State Department Officers

Commander Robert Swan, \\_\_\_\_\_ .....

Sr. Vice-Commander: penriis Deisenroth,

Jr. Vice-Commander: Kevin Pomykala,^

Treasurer: Walter J. ko.marnickV'I\_\_ .....

Adjutant: Julianne Viduja,.

\ Hoffman Estates, IL 60167

Island Lake, IL 60042

\_\_\_ „ Elwood, IL 60421

\ Chicago, IL 60641 I,

Chicago, IL 60707



# ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General LISA MADIGAN State of Illinois

10/1,21

AM

Charitable Trust Bureau, 100 West Randolph  
Report for the Fiscal Period:

Check all items attached:  
 0 Copy of IRS Return with events Q  
 Audited Financial Statements payable to  
 Copy of Form IFC charity Form 990 E) \$15.00 Annual  
 Report Filing Fee Bureau Fund  \$100.00 Late  
 Report Filing Fee

INI Beginning<sup>01</sup> & Ending<sup>12</sup> 01 2019 / 3 / 2019

Federal ID #: \_\_\_\_\_  
 Are contributions to the organization tax deductible? (Z) Yes D No

LEGAL NAME MAIL POLISH LEGION OF AMERICAN VETERANS - STATE DEPT OF IL  
 ADDRESS CITY, 5048 WEST WELLINGTON AVENUE  
 STATE ZIP CHICAGO, ILLINOIS 60641-5045  
 CODE

Date Organization was created

Year-end amount \$ 63,170  
 A) ASSETS B) S 63,170  
 C) NET ASSETS

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

	PERCENTAGE		AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV (GROSS AMTS)	75.77	D) S	18,510
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	16.80	E) S	4,105
F) OTHER REVENUES	7.43	F) S	LSI 5
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) S	LSI 5

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE	80.35	H) S	24,430
i) EDUCATION PROGRAM SERVICE EXPENSE	80.35 %	J) S	23,134
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		K) S	
Ji) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J). \$ K	80.35	L) S	23,134
GRANTS TO OTHER CHARITABLE ORGANIZATIONS	19.65 %	M) S	
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		N) S	
M) MANAGEMENT AND GENERAL EXPENSE N) FUNDRAISING EXPENSE	100 %	O) S	23,134
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		P) S	5,659

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

<u>(Attach Attorney General Report of Individual Fundraisers Campaign- Form IFC One for each FFR.)</u> PROFESSIONAL FUNDRAISERS:			28,793
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS			
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		Q) S	
R) NET RECEIVED BY THE CHARITY (P MINUS Q = R) PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	%	R) S	

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE WALTER KOMARMICKI - TREASURER		T) S	69S
U) NAME, TITLE- JULIANNE VIDUYA - DIRECTOR		U) S	40
V) NAME, TITLE R SWAN - DIRECTOR		V) S	468

V. CHARITABLE PROGRAM DESCRIPTION: CH/9W7ABLE PROGRAM p HIGHEST BY \$ EXPENDED) CODE CATEGORIES

W) DESCRIPTION COMFORT AND AID TO VETERANS IN HOSPITALS W)# 127

List on back side of instructions CODE

XJ  
DESCRIPTION

X) #

Y)  
DESCRIPTION.

Y) #



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

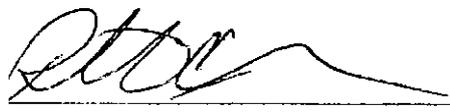
YES NO

- 1 WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT" i /
- 2 HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF EVER BEEN CONVICTED 3Y ANY COURT OF ANY M I D S D E M E A N O R INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY' ..... 2 WX% /
- 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" 3 lie 1 :!
- i HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER. DIRECTOR OR TRUSTEE OWNS MORE THAN 1 0% OF THE OUTSTANDING SHARES? 4 i /
- 5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ..... . 5. ✓
- 6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER"! ATTACH FORM IFC ) 6
- 7a j ID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, HAILING. ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? . 7 ✓
- 7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS £ \_\_\_\_\_ i(n) THE AMOUNT ALLOCATED TO PROGRAM SERVICES S \_\_\_\_\_ (in) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL S \_\_\_\_\_ AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING S \_\_\_\_\_
- 3 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? B
- 9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY" 9 ✓
- 10 WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS"? 10 /
- 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

i 2 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: WALTER KOMARNICKI

**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

 6/3/15  
 \_\_\_\_\_ DATE

**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.

PRESIDENT or TRUSTEE (PRINT NAME; SIGNATURE) DATE  
 WALTER KOMARNICKI <  
 TREASURER or TRUSTEE (PRI NT NAME! Q 7/r- 'SJONATURE  
 EVE C BALCIUNAS  
 PREPARER (PRINT

INT NAME)

SIGNATURE

DATE



- **^egtcn American Veterans**  
TEEEP BY ACT OF CONGRESS fcf^O?



**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:**



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adidlitoimGl cE»e©to.)

KGEO (sf esgGftkoffte: ChlldFund International

Address 2821 Emerywood Parkway, Richmond, VA 23294

tome Nsaafeer; 804-756-3513

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*PLEASE BBS. ATTACHMENT m*

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ii'. Exnbfo the methods vonr orgBnfctatfam win use to casidft State  
"Face tb'Face Fundraising campaign on the street. Our agent, DialogueDirect will generate  
commitments and increase the public awareness of the charitable efforts of ChildFund  
International

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Code of Practice for DialogueDirect Fundraisers



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.)

*Official Signature*

Signature \_\_\_\_\_ Title \_\_\_\_\_ 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.

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, positioned above a horizontal line.

Signature of organization officer

Name of organization

i

i

i

i

i

i

i

Feb-24-16  
03:20pm From-

T-434

P



February 24, 2016 **OFFICE OF THE ATTORNEY GENERAL**  
STATE OF ILLINOIS

CHILDFUND INTERNATIONAL,  
USA 2S21 HMERYWOOD  
PARKWAY RICHMOND, VA 23261

**Lisa Madigan**

**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\*<sup>1</sup>, 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,

A handwritten signature in black ink that reads "Takiyah Martin Barnes". The signature is written in a cursive style with a large initial "T" and "M".

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 CommSttee**

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**





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Attachment 4

<p>DialogueDirect, Inc. ChildFund International</p>	<p><b>ChildFund</b> International</p> <p>DialogueDirect</p>
<p>ChildFund International 2821 Broadway Parkway Richmond, VA 23224</p>	
<p>If you have any questions about DialogueDirect, please call 800-776-6767</p>	
<p><b>ChildFund</b> International</p>	<p>DialogueDirect</p>
<p>Chicago, IL</p>	

## DlatogueDlrec., Inc. Code of Practice

### DI\_iD0u©Dlre\_. Cctia of Practfos for th® Personal Solfcftstjjon of Committed GSffis (Tass® to Pac® Stresf and "Door to Door Fuiiri\_ml8.ng^

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# FAX TRANSMISSION

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

To: Haiev Render Date: 02/24/2016

Fax #: .88-222-6807 Pages: (2) including cover page

From: Takiyah  
Manin-Barrws  
Compliant... Officer  
Direct: 312-814-5840

\*bjcct: Letter of Good Standing Request CQ#

01QQ439S COMMENTS:

**\*Forms can be downloaded at [www.illinoisattorneygenerai.gov](http://www.illinoisattorneygenerai.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 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

ATTORNEYS AT LAW

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

HAILEY B. RENDER  
EMAIL: HRI-NDER@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:** j

April 7, 2016

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

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  
LawsCO#|

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# ■ ] 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,

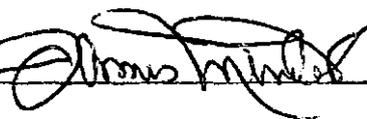


Takiyah Martin Barnes, Compliance Officer  
Charitable Trusts Bureau  
100 West Randolph Street, 11th Floor  
Chicago, Illinois 60601  
Telephone: (312) 814-2595



**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. Oidftfe 1? MAR.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signatnre \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

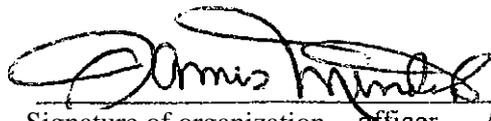
HOLD HARMLESS AGREEMENT

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.

CHICAGO FIREMEN'S POST 667 AMERICAN LEGION Name of organization

  
Signature of organization officer, ADJ / 17jo OFF

13 MAR. 2016  
Date

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