



City of Chicago



Or2016-116

Office of the City Clerk

Document Tracking Sheet

Meeting Date: 3/16/2016

Sponsor(s): Burke (14)

Type: Order

Title: Tag Day permits for Les Turner ALS Foundation (May 14-15, 2016), Park Lawn Association, Inc. (March 25-26 2016, April 15-16, 2016), and Alzheimer's Association - Greater Illinois Chapter (June 3-4, 2016)

Committee(s) Assignment: Committee on Finance

10

CHICAGO March 16, 2016

To the President and Members of the City Council:

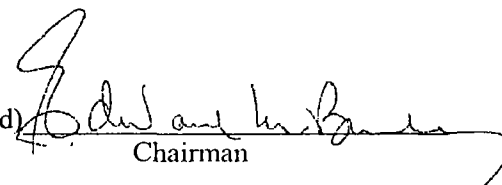
Your Committee on Finance having had under consideration one (1) order authorizing three (3) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. Les Turner ALS Foundation
May 14–15, 2016
Citywide
- B. Park Lawn Association, Inc.
March 25-26, 2016 – April 15-16, 2016
Citywide
- C. Alzheimer's Association – Greater Illinois Chapter
June 3-4, 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 _____ (viva voce vote)
of the members of the committee with _____ dissenting vote(s)).

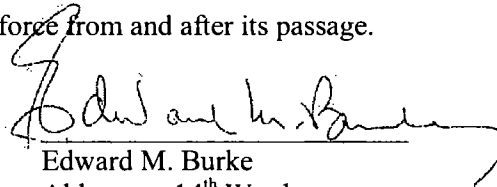
Respectfully submitted

(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. Les Turner ALS Foundation
May 14 – 15, 2016
Citywide
- B. Park Lawn Association, Inc.
March 25-26, 2016 – April 15-16, 2016
Citywide
- C. Alzheimer's Association – Greater Illinois Chapter
June 3-4, 2016
Citywide

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


Edward M. Burke
Alderman, 14th Ward

Document No. _____

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

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

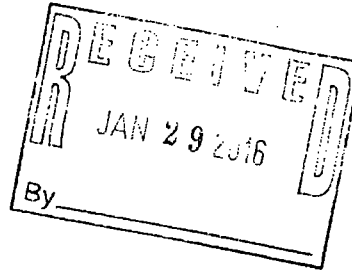
PERMIT NUMBER:	2016-04		
GROUP NAME:	Les Turner ALS Foundation		
ADDRESS:	5550 W. Touhy Avenue, Suite 302, Skokie, IL 60077-3254		
TELEPHONE NUMBER:	847-745-6013		
CONTACT PERSON:	Alyssa Feulner		
DATE WRITTEN REQUEST WAS RECEIVED:	January 29, 2016		
SOLICITATION DATE:	May 14-15, 2016		
CITY COUNCIL DATE:	March 16, 2016		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	March 16, 2016		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			



Les Turner ALS Foundation
Lou Gehrig's Disease
5550 W. Touhy Avenue, Suite 302
Skokie, IL 60077-3254

847 679 3311
847 679 9109 Fax

lesturnerals.org



October 5, 2015

Mr. Christopher Lentino
Committee on Finance
121 North LaSalle Street
Room 302
Chicago, IL 60602

Dear Christopher:

Enclosed please find the completed Application for City of Chicago Charitable Solicitation Permit for the Les Turner ALS Foundation's annual Tag Days drive. As in previous years, we would like to solicit on every Friday, Saturday and Sunday during the month of May.

Per Section 7B, I have included a copy of the tag card handed out to donors in 2015. The design for the 2016 tag card has not yet been determined, but will be the same size and contain similar information. I have also enclosed a check for \$150 to cover the \$10 daily fee for every Friday, Saturday and Sunday during the month.

As of this date, we will have solicitors in various locations throughout Chicago on numerous weekends in May 2016. These locations include Lincoln Park, Northwest Chicago, Union Station and Beverly.

Funds raised through Tag Days are used to support ALS research and patient care at the newly formed Les Turner ALS research and patient center at Northwestern Medicine.

If you have any questions or need any additional information, please contact me at 847-745-6013 or afeulner@lesturnerals.org. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Alyssa Feulner".

Alyssa Feulner
Special Events Associate

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:** Les Turner ALS Foundation

Address: 5550 West Touhy Avenue Suite 302, Skokie, IL 60077

Telephone Number: 847-679-3311

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

Ken Hoffman, President, 885 Mountain Drive, Deerfield, IL 60015, 847-945-0191

Harvey Gaffen, Board Member, 2426 Augusta Way, Highland Park, IL 60035, 847-217-9930

Bob Lee, Board Member, 285 N. Valley Road, Barrington, IL 60010, 847-381-6239

Andrea Pauls Backman, Executive Directory, 847-679-3311

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

Solicitations will take place throughout the month of May 2016 in various locations within the City including Lincoln Park, East Side, Beverly and Northwest Chicago on Fridays, Saturdays and Sundays.

May 14 and 15

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

500 volunteers (estimated) throughout the month of May

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

Tag Days in May coincides with national ALS Awareness month. Volunteers wear bright yellow aprons and solicit on street medians, street corners and in other permissible areas such as store fronts.

Donors receive a "tag card" with information about Lou Gehrig's disease (ALS).

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

Yes, from May 1995 to May 2015 we have conducted Tag Day Drives in Chicago.

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 *Andreas Paul Bachman* Title *Exec Director* Date *10/12/15*

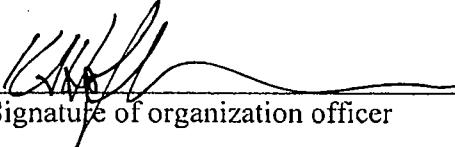
Signature *[Signature]* Title *BOARD PRESIDENT* Date *12/3/15*

Signature *[Signature]* Title *BOARD MEMBER* Date *12/3/15*

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.

Les Turner ALS Foundation
Name of organization



Signature of organization officer

12/3/15

Date



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

January 15, 2016

LES TURNER AMYOTROPHIC
LATERAL SCLEROSIS FOUNDATION
5550 WEST TOUHY AVENUE, SUITE 302
SKOKIE, IL 60077-3254

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of LES TURNER AMYOTROPHIC LATERAL SCLEROSIS
FOUNDATION under the Illinois Charitable Laws **CO# 01009026**

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of LES TURNER AMYOTROPHIC LATERAL SCLEROSIS FOUNDATION under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01009026. It is current in the filing of its financial reports, having filed its report for the period ended December 31, 2014. 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

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

PERMIT NUMBER:	2016-05		
GROUP NAME:	Park Lawn		
ADDRESS:	10833 S. LaPorte, Oak Lawn, IL 60453		
TELEPHONE NUMBER:	708-425-6867		
CONTACT PERSON:	Cynthia San Miguel		
DATE WRITTEN REQUEST WAS RECEIVED:	February 16, 2016		
SOLICITATION DATE:	March 25-26, 2016		
	April 15-16, 2016		
CITY COUNCIL DATE:	March 16, 2016		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	March 16, 2016		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			



Administrative Office
Business Office
10833 S. LaPorte
Oak Lawn, IL 60453
Phone: (708) 425-3344
Fax: (708) 425-3530

COMMITTEE ON FINANCE

2016 FEB 16, PM 4: 14

February 11, 2016

Dear Committee on Finance:

As you know, Park Lawn is a non-profit agency that provides programs for individuals with intellectual and developmental disabilities. Our facilities are throughout the South Suburbs of Chicago and include an adult training center, workshop, supported employment, residential centers and community living. Although our facilities are local, Park Lawn's outreach is beyond the Southwest Suburbs, assisting families locally and throughout Illinois.

Park Lawn is gearing up for its annual Tag and Candy Day Fundraiser: This major event is scheduled for **Friday & Saturday, March 25/26 and April 15/16, 2016**. Community volunteers will be soliciting for donations on street corners and by storefronts from 6:00 a.m. until 8:00 p.m. or dusk. We provide them with a bright orange safety vest with Park Lawn's logo, a bucket with Park Lawn's logo and a tag with information about Park Lawn.

We are asking for your permission to solicit donations for Park Lawn. Attached is the following information that was requested. If you need further information I can be reached at 708-425-6867 or via email: csanmiguel@parklawn.com

Thank you for your time.

Sincerely,

Cynthia San Miguel
Marketing Manager

Adult Developmental
Training
10833 S. LaPorte
Oak Lawn, IL 60453
(708) 425-3344
Fax: (708) 425-3530

Vocational Services
CILA and SEP
5040 W. 111th St.
Oak Lawn, IL 60453
(708) 425-7377
Fax: (708) 425-7899

Residential Services
Park Lawn Center
5831 W. 115th St.
Alsip, IL 60803
(708) 396-1117
Fax: (708) 396-1186

Residential Services
Park Lawn Homes
12615 S. Kostner
Alsip, IL 60803
(708) 385-1982
Fax: (708) 385-8145

Park Lawn Association
Development Office
10833 S. LaPorte
Oak Lawn, IL 60453
(708) 425-6867
Fax: (708) 229-9325



A NON-PROFIT ORGANIZATION SERVING INDIVIDUALS WITH INTELLECTUAL DEVELOPMENTAL DISABILITIES SINCE 1955

Donations are deductible to the extent allowed by the IRS Codes.

www.parklawn.com



United Way
Agency



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

February 22, 2016

PARK LAWN ASSOCIATION INC
10833 S LAPORTE AVE
OAK LAWN, IL 60453

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of PARK LAWN ASSOCIATION INC under the Illinois Charitable Laws
CO# 01006510

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of PARK LAWN ASSOCIATION INC under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01006510. 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,

A handwritten signature in black ink, appearing to read "T. Martin Barnes". The signature is fluid and cursive, with a long horizontal stroke at the end.

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:** Park Lawn
Address: 10833 S. LaPorte Ave., Oak Lawn, IL 60453
Telephone Number: 708-425-6867

2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**
Steve Manning, Executive Director
Park Lawn, 10833 S, LaPorte Ave.
Oak Lawn, IL 60453
Phone: 708-425-3344

3. **List the date and approximate location(s) of solicitation:**
March 25, 26 and April 15 & 16

4. **Approximately how many persons will be engaged in the solicitation?**
50-100

5. **Explain the methods your organization will use to solicit funds:**
Volunteers will stand at street intersections and in front of store fronts with Park Lawn vests and buckets and hand out tags.

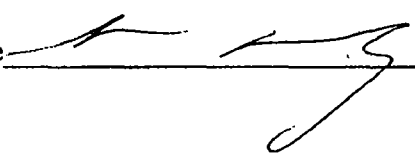
6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**
Yes, Park Lawn was given permission to tag in 2015 and 2014.

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.**

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 Date 2/8/11

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

HOLD HARMLESS AGREEMENT

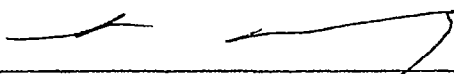
1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable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

Park Lawn

Name of organization



Signature of organization officer

February 8, 2016

Date

CINCINNATI OH 45999-0038

In reply refer to: 0248367584

Aug. 28, 2015 LTR 4168C 0

000000 00

00017061

BODC: TE

PARK LAWN ASSOCIATION INC
10833 LAPORTE AVE
OAK LAWN IL 60453



020593

Employer Identification Number:
Person to Contact: Mrs. Scheper
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 19, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1965.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(3).

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.

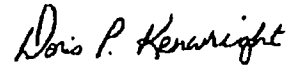
Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248367584
Aug. 28, 2015 LTR 4168C 0
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PARK LAWN ASSOCIATION INC
10833 LAPORTE AVE
OAK LAWN IL 60453

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

Sincerely yours,



Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

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

PERMIT NUMBER:	2016-06
GROUP NAME:	Alzheimer's Association - Greater Illinois Chapter
ADDRESS:	8430 W. Bryn Mawr Avenue, Suite 800, Chicago, IL 60631
TELEPHONE NUMBER:	847-779-6952
CONTACT PERSON:	Bethany Hein
DATE WRITTEN REQUEST WAS RECEIVED:	March 3, 2016
SOLICITATION DATE:	June 3-4, 2016
CITY COUNCIL DATE:	March 16, 2016
COMPLETION OF FILE DATE:	
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:	
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	March 16, 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:** Alzheimer's Association - Greater Illinois Chapter
Address: 8430 W. Bryn Mawr Avenue, Ste 800, Chicago, Illinois 60631
Telephone Number: 847-933-2413

2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**
Erna Colborn - President & CEO
Janet Devlin - Vice President, Finance
Bethany Hein - Manager, External Relationships (TAG DAY CONTACT)
847-779-6952 (office)
8430 W. Bryn Mawr Avenue, Ste 800, Chicago, Illinois 60631

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

Dates: June 3 & 4, 2016 Locations: City-wide

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

Between 150 - 200 people

5. **Explain the methods your organization will use to solicit funds:**
Alzheimer's Association volunteers will collect donations in busy areas using Association collection cans. Volunteers will give flower seeds to those who donate as a "thank you".

6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**
Yes - The Alzheimer's Association has been soliciting funds since 1987.

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.**
This solicitation event is part of the Association nation-wide annual Bankers Life Tag Day event.

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 *Janet Dem* Title CFO Date 2/25/16

Signature *Bethany* Title Mgr. External Relationships Date 2/25/16

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.

Alzheimers Association
Name of organization

Jane Ann CFO
Signature of organization officer

2/25/16
Date



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

January 19, 2016

ALZHEIMER'S DISEASE AND RELATED DISORDERS
ASSOCIATION, GREATER ILLINOIS CHAPTER
8430 W. BRYN MAWR, SUITE 800
CHICAGO, IL 60631

Lisa Madigan
ATTORNEY GENERAL

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

Dear Registrant:

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

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01011470. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2015. Please let us know if you require further information.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Martin Barnes", is written over a faint, illegible typed name.

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

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAY 22 2014**

Employee Identification Number:

NAME: JASON T SAMMONS

ALZHEIMERS DISEASE & RELATED
DISORDERS ASSOCIATION GREATER
8430 W BRYN MAWR STE 800
CHICAGO, IL 60631

Contact Person: JASON T SAMMONS ID# 31616
Contact Telephone Number: (877) 829-5500
Accounting Period Ending: June 30
Public Charity Status: 170(b)(1)(A)(vi)
Form 990 Required: Yes
Effective Date of Exemption: May 15, 2014
Contribution Deductibility: Yes
Addendum Applies: Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947



BANKERSLIFESM

Forget Me Not Days June 3-4, 2016

Join us on Friday, June 3 and Saturday, June 4 for the fourteenth annual Forget-Me-Not Days benefiting the Alzheimer's Association. Each year, volunteers collect donations for the Alzheimer's Association and raise awareness of the disease.

In exchange for a donation, we hand out packets of Forget-Me-Not flower seeds to plant in honor of the more than five million people living with Alzheimer's. What started as a grassroots fundraiser has blossomed into a national fundraising campaign, helping to raise more than \$3.3 million for the Alzheimer's Association.

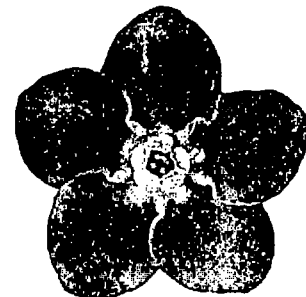
Register or find a volunteer opportunity in your area: go to alz.org/illinois. For more information contact Rebekah Marquez at 847.779.6973 or rmarquez@alz.org, or Erin Doherty at 847.779.6956 or edoherty@alz.org.

Register today! alz.org/illinois

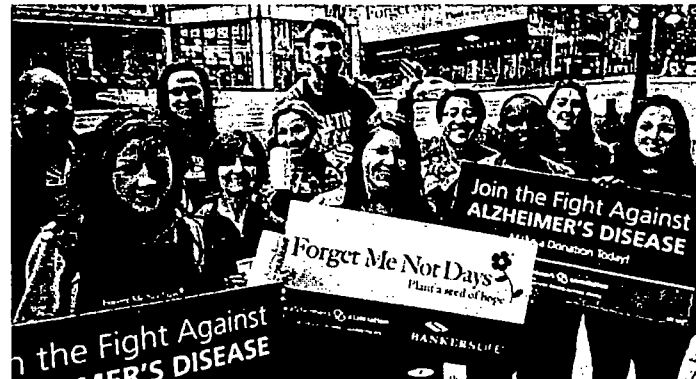
alzheimer's  association

Greater Illinois Chapter

24/7 Helpline: 800.272.3900



Help us plant the seeds of hope



Help us plant the seeds of hope!

Join us on Friday, June 3 and Saturday, June 4 for the fourteenth annual Forget-Me-Not Days benefiting the Alzheimer's Association. Each year, volunteers collect donations for the Alzheimer's Association and raise awareness of the disease.

In exchange for a donation, we hand out packets of Forget-Me-Not flower seeds to plant in honor of the more than five million people living with Alzheimer's. What started as a grassroots fundraiser has blossomed into a national fundraising campaign, helping to raise more than \$3.3 million for the Alzheimer's Association.

To register or find a volunteer opportunity in your area: go to alz.org/illinois. For more information contact Rebekah Marquez at 847.779.6973 or rmarquez@alz.org, or Erin Doherty at 847.779.6956 or edoherty@alz.org.

Register today! alz.org/illinois

alzheimer's  association®

Greater Illinois Chapter

24/7 Helpline: 800.272.3900



BANKERS LIFE™

Forget Me Not Days | June 3-4, 2016

