

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:

(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.**

Mar-08-16
05:29pm From-

T-471

P



March 8, 2016

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

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

Lisa Madigan

RE: RE: Status of THE SALVATION ARMY under the Illinois Charitable Laws
CO# 01047779

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 CO# 01047779, 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,

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

Taiiyah 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 of Pevei-oPHeNi r Date 'B-S-tk

Signature Title Date

Signature Title Date

PERMIT NO. 2016-08

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: C_ ^ ^>

Address: vXio-i vCl •—*&\~<~<y Telephone

Number: 70S' - 3 c?^ - /' 5 7

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

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•eveWay - A.O^T^CN to**>t 3e > cohi-fe,^^ «* 0^.,*.* G.v.c

63c <V4-ru- 'CJ 7

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

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

/ .rd

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

HcL^a ouV Ceo U \ -?c5 •." ^c^^Ktnb

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.

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Chicago Locations

Rock Island RR- 103 and Longwood*

Rock Island RR - 107th and Longwood*

Rock Island RR - IIIth and Longwood*

95th & Western - East/West/North/South

99th & Western - East/West/North/South

103rd & Western- East/West/North/South

IIIth & Western -East/West/North/South

IIIth & 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

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 _____ Date 07/16

Signature .V. «\ q^VjXaSl^cmrvvT^ Title dj^x*^ .o jJ^<L/uDate "/6

Signature)/y/7jJf

Title j/tV ('jbu^^ Date ^ 7 7 6,

Mar-17-1S
12:33pra Frm-

T-482



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: Status of BLUE CAP FOUNDATION, INC. under the Illinois Charitable
Laws CO# 01041974**

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# 01041974. 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 Barnes, Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312)814-2595

JLJ-t^!-^? Ittlernsit Revtiit' ServECe P.O.
Box 2503
Cincinnati OH
4520 :

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2009 LTR 4168C EG 36-26 0 3932
009 000 0 0 0 00

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BODCs TE

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

Employer Identification Number; 36-2603932 MS,
Person to Contact; Toll Free WINKLER
Telephone Numbers 1-377-329-5500

Dear TAXPAYER;

"his is in response to your request of Feb, 2/,200* regarding your
:ax-• exempt status.

Our records indicate that a determination letter- was issued in HAY 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 sectionEs)
509(a)(1) and 170(b)(1)CA)(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., 210 6, and 2522 of the Code.

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

Sincerely yours.

Michele H. Sullivan , Oper. Hgr
Accounts f'iBnagsment Operations

PERMIT NO. 2016-09

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:

ATTENTION: CITY OF CHICAGO CHAKIT AFFE SOLICITATION PERMITS

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Telephone Norober: -J J ^, , ^^^^^

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names, current

pnsitiun>., rc:sidi:m.-f ;nliln.->sf.N ami telephone numbers ofthe olTieers in tin-
or<;ini/ttion:

3. List the date ami approximate local inn (.i) of solicitutixi:

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4- Appinximntclv liow many persons will !>c engaged in the iiolu-il.-ition? O**

5. Lxplni.. the methods your oRKM/-..lu>n nil) ...«; t» «.lieit funds: OtJ ^& ldo/Uff(^r

&f I'd (Oft

6- MM your organ (/..arton otr been alluded to solicit fund} in pi ior Yc;irs in tin:
City of Chicago? If so, when?

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7. Include lie following with your iipplritiira:

(j^j A topy ol the regiytrntiuu MuUmenr filed with the Attorney
(General of the Suite of Illinois: or exemption issued by the (JACTC^
Attorney Cenern) of the Slate of Illinois.

(B.J A copy ol the tag, badge, emblem or other token (il any) whirh
will be distributed as part of the solicitation, oi" which «ill be
njctd by your organisation in its solicitation.

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8. Plcpic include any other relc\nut information which tvould assist tbe Committee on Finance
in reviewing this application.

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APPLICATIONS MUST BE KKCEIVKD BY "UIK COMMI IT KK ON I INANCF. NO
I .ATE THAN 30 WAYS PRIOR TO Till: COMMKNCKMKYT OF Tilt SOLICITATION.

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INFORMATION ITRMSHE1) IN THIS STATF.MKNT ANTI ALL ATCACnt'-.n SHKLI S IS
TKUK AND CORRECT TO THE BEST OI' MY.OLIt KNOWLEDGE. (NOTE: AT LEAST
ONE OFFICER OF THE OR<iANI/.ATI()N MUST SIGN AND VERIFY THIS
APJ'LICATTON.)

Sivriu ture/j



Si>n:itiii'e _____ Tit It _____ - .- .LJ II I c

"Unity with Heritage"

COMMANDER Robert
Swan 530 LaFayette
Lane Hoffman Estates,
IL 60163 847-322-9874
E-Mail
robert.swan@sbcglobal.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 , 530 LaFayette Lane, Hoffman Estates, IL 60167
847-322-9874

Sr. Vice-Commander: Dennis Deisenroth, 517 E. Burnett, Apt.4, Island Lake, IL 60042
815-575-0918

Jr. Vice-Commander: Kevin Pomykala, 899 Arrowhead Dr., Elwood, IL 60421
815-302-8796

Treasurer: Walter J. Komarnicki, 5048 W. Wellington Ave., Chicago, IL 60641
773-545-9159

Adjutant: Julianne Viduja, 2402 N. New England Ave., Chicago, IL 60707
773-602-6901



For Office Use Only

PMT#
AMT
INIT

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-1L
Revised 3/05

Attorney General LISA MADTGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # Qioi5056

Report for the Fiscal Period:

Check all items attached:

Beginning 01 / 2015

/ 31 / 2019

Financial Statements payable, or Copy of Form IFC
cho'X'is'13 \$15.00 Annual Report Filing Fee Bureau Fund

& Ending 12 MO

MO

DAY YR

Federal ID # 36-6087162

Are contributions to the organization tax deductible? Yes No

Date Organization was created' ul / ul / 21

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

Year-end amount s

A) S 63,170

A) ASSETS

B) S

B) LIABILITIES

C) S

63,170

C) NET ASSETS

AW: ijteW';-?!> s

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.S

F) S 4,105

F) OTHER REVENUES

7.43

F) S ,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) S 23,134

I) EDUCATION PROGRAM SERVICE EXPENSE

J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)

80.35

J) S 23,134

Ji) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J). S

K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS

. K) \$

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)

80.35

%

L) S 23,134

M) MANAGEMENT AND GENERAL EXPENSE

19.65

M) S 5,659

N) FUNDRAISING EXPENSE

%

N) S

O) TOTAL EXPENDITURES THIS PERIOD (ADD L, WI, & N)

100 '

O) S

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) S

28,793

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

S) 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) S

407

V) NAME, TITLE. R. SWAN - DIRECTOR

V) S

468

V. CHARITABLE PROGRAM DESCRIPTION.' CHAWMBLE PROGRAM^ HIGHEST BY S EXPENDED) CODE CATEGORIES W)

DESCRIPTION COMFORT AND AID TO VETERANS IN HOSPITALS

W) # 111

X) DESCRIPTION

X) #

List on back side of instructions CODE

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 MISDEMEANOR 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? 1; /

4 HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4 /

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 DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7

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? 8 /

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 /

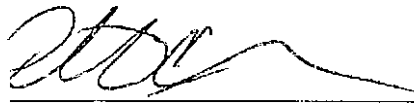
11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS
ATHENE ANNUITY & LIFE ASSURANCE CO #0040099504; AMERICAN GENERAL LIFE SERVICES CO #MN034810;
MCHENRY BANK AND TRUST #2650002077

12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON WALTER KOMARNICKI - 773-501-3391

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

PRESIDENT or TRUSTEE (PRINT NAME) WALTER KOMARNICKI

 6/3/13

TREASURER or TRUSTEE (PRINT NAME) EVE C BALCUNAS

'■■' SIGNATURE 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

PREPARER NAME) {PRINT SIGNATURE DATE

PERMIT NO. 2016- 11

DATE

**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 4, 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:

Marat- of •tgentesfich. ChlldFund International

Address: 282 S Emerywood Parkway, Richmond, VA 23294

Telephone Nudber; 004-756-3513

Use the oj»ace boSov;- to list, garnet-: currant positions, residence eddrecaas
r.nt telephone cambers oi the eflferf la tbe orgaaimtioo;

PLEASE SEE ATTACHMENT #1

Liat Che dote^nd approximate Eeeation(a) of oolietotjon: ,

i-, 2016 - December 31,2016

Ptoses ssa attachment #2 ft tocattora £.*\''*

Approximately bow KDisy psffooms will b£ engaged in tfite aolSeSfotfcra? 10-12

Explain tilie methods voor or2jaofaatir»n wID nsa to seMdt Jfandn: ⁵ 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

Hao your crgBBiaatiGr. ever bam allowed to aotteft ftuufito la prior years fa tisc-:
City of Chicago? If so, when?

7, ImsSode tbe ft>IEowisig v/itti year agjplsctioa;

- A. A copy €I tho rsgJoHratlon sfcenaoot Sled with the Attorney
GejiainS cf <he State oflSLnoJfIE or o&ansipton flsoud by the
Attorney General off She State of Illksois. ptaace MM attachment #3
- B. A copy ©f ithc teg, budge, emblesa or other to&aa (if any) whkft
will be distributed ac port off tbe eolititaton, or which will be liSciS
by your GFgpro-fcEatikHi 5a its soSdtatitj. ptooe ceo
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CommUte on Finaaec fa v%wlz&ht'.g &lr unpSicctior. Pteae« *oo attachment #6

Code of Practice for DialogueDirect Fundraisers

**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

Signature _____ **Title** CJP&O _____ **Date**

Signature _____ **Title** _____ **Date**



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

CHILDFUND INTERNATIONAL,
USA 2S21 EMERY WOOD
PARKWAY RICHMOND, VA 23261

Lisa Madigan
ATTORNEY GENERAL

**RE: RE: Status of CHILDFUND INTERNATIONAL, USA under the Illinois
Charitable Laws CO# 01004395**

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# 01004395. It 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 "T. Martin Barnes". The signature is written in a cursive, flowing style.

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

PERMIT NO. 2016-12

**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: 1

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

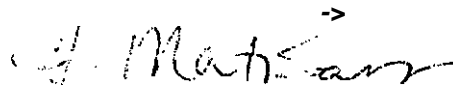
**RE: RE: Status of CHICAGO FIREMEN'S LEGION POST 667 under the Illinois
Charitable Laws CO# 01071026**

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# 01071026. 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

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 66?
 AMERICAN LEGION
 Address: 36^7 N. TRIPP AVE.
 CHICAGO, IL. 60641-3038
 Telephone Number: 773-283-^305
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 36^7
 N. TRIPP AVE. CHICAGO, IL.
 606^1-3038 773-28-3-^305
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

Explain the methods your organization will use to solicit funds:

STREET SALS OF POPPY'S TO AID VETERANS TN VARIOUS VA HOSPITALS AND HOMES.

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

Include the following with your application:

A.

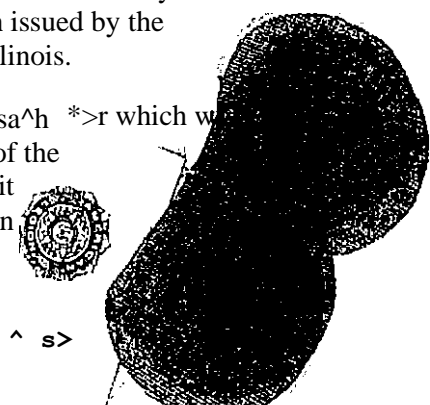
A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.

B.

„Atcopy^o&*isg'Bfg7ba"d'get*eTiBbtem-«sa^h *>r which w
er token (if any);' will be distributed as part of the
solicit? used by your organization in its solicit

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

REGISTRATION AM LEGION
WITH ATTORNEY ILLINOIS



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.)

Signatrfw^^)^

A handwritten signature in black ink, appearing to be a stylized name or set of initials, written over a horizontal line.

Title ADJUTANT/ FIN. OiPffte 1? MAR. 2016

Signature _____ Title _____ Date_

Signature _____ Title _____ Date_