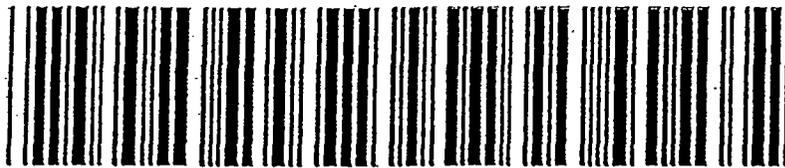




Office of the City Clerk

The following pages were submitted to the Office of the City Clerk as part of this legislative document. The pages are not viewable on the public website or other public reports because they contain personal information not suitable for publication. The pages are considered a redacted portion of the entire legislative document.



ATTACHMENT

**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.**



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

March 8, 2016

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

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of THE SALVATION ARMY under the Illinois Charitable Laws
CO# 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# 010-7779, 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,

Tashyah 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 EXECUTIVE DIRECTOR OF DEVELOPMENT Date 3-8-16

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

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

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

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: Blue Cap

Address: 2155 Broadway Blue Island IL 60406

Telephone Number: 708-389-8137

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

Vice Chairman - Sheryl Germany 13055 Mason, Palos Heights IL 60463
708-597-2348
Treasurer - Michael Valente 3450 W. Lakeshore Dr. Crown Point IN 46307
708-346-2380
Secretary - A. Michael Connor 201 White Pawn Tr. Downers Grove IL 60516
630-963-1027

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

August 19, 20, 2016 (see attached list)

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

150

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

Hand out candy for donations

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

2011, 2012, 2013, 2014

7. Include the following with your application:

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

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

Volunteers will be wearing apron smocks with Blue Cap logo + sponsor logo

Chicago Locations

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

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

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

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

Signature Michael G. Vahid Title Treasurer Date 3-1-16

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

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



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

March 17, 2016

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

Lisa Madigan
ATTORNEY GENERAL

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

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

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

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248459781
Mar. 10, 2009 LTR 4168C E0
36-2603932 000000 00 000
00026883
BODC: TE

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

3

Employer Identification Number: 36-2603932
Person to Contact: MS. WINKLER
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

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

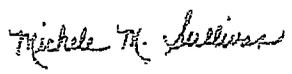
Our records indicate that a determination letter was issued in MAY 1965, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

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

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

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

Sincerely yours,



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

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

PERMIT NUMBER:	2015-09		
GROUP NAME:	State Department of Illinois -		
	Polish Legion of American Veterans		
ADDRESS:	5048 W. Wellington Avenue, Chicago, IL 60641		
TELEPHONE NUMBER:	773-545-9159		
CONTACT PERSON:	Mr. Walter Komarnicki		
DATE WRITTEN REQUEST WAS RECEIVED:	March 18, 2016		
SOLICITATION DATE:	May 19-22, 2016		
CITY COUNCIL DATE:	April 13, 2016		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 13, 2016		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: STATE DEPARTMENT OF ILLINOIS POLISH LEGION OF AMERICAN VETERANS, U.S.A.
Address: 5048 W. WELLINGTON AVE., CHICAGO, IL 60641
Telephone Number: 773-545-9159

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

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

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

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

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

7. Include the following with your application:
(A) A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois. SEE ATTACHED
(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.
FUNDS RAISED WILL BE USED TO ASSIST VETERANS AND THEIR FAMILIES WHO ARE IN NEED OF MONETARY ASSISTANCE. FOR THE CARE OF VETERANS IN HOSPITALS AND VETERANS HOME IN THE STATE OF ILLINOIS.

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

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

Signature W. Komarnicki Title TREASURER Date 3/15/16

Signature _____ Title _____ Date _____

2016 MARCH 18 PM 2: 00
COMMITTEE ON FINANCE

"Unity with Heritage"

Polish Legion of American Veterans

"Aid to the Blind Program"

COMMANDER

Robert Swan

530 LaFayette Lane

Hoffman Estates, IL 60169

847-322-9874

E-Mail

robert.swan@sbcglobal.net



DEPARTMENT OF ILLINOIS

CHARTERED BY ACT OF CONGRESS
ILLINOIS CHARTERED APRIL 14, 1921

ADJUTANT

JULIANNE VIDUYA

2402 N. New England

Chicago, IL 60707

773-622-6901

#2

State Department Officers

Commander: Robert Swan , 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

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

Form AG990-IL
 Revised 3/05

CO # 01015056

Report for the Fiscal Period:

Beginning 01 / 01 / 2017

& Ending 12 / 31 / 2017

Check all items attached:

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

(Make Checks Payable to the Illinois Charity Bureau Fund)

Federal ID # 36-6087162

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 01 / 01 / 21

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	POLISH LEGION OF AMERICAN VETERANS - STATE DEPT OF IL 5048 WEST WELLINGTON AVENUE CHICAGO, ILLINOIS 60641-5045	Year-end amounts	
		A) ASSETS	A) \$ 63,170
		B) LIABILITIES	B) \$
		C) NET ASSETS	C) \$ 63,170
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		75.77 %	D) \$ 18,510
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		16.80 %	E) \$ 4,105
F) OTHER REVENUES		7.43 %	F) \$ 1,815
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100%	G) \$ 24,430
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING CHARITABLE PROGRAM EXPENSE		80.35 %	H) \$ 23,134
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		80.35 %	J) \$ 23,134
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J).	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		80.35 %	L) \$ 23,134
M) MANAGEMENT AND GENERAL EXPENSE		19.65 %	M) \$ 5,659
N) FUNDRAISING EXPENSE		%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ 28,793
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC One for each PFR)			
PROFESSIONAL FUNDRAISERS:			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:			
T) NAME, TITLE: WALTER KOMARNICKI - TREASURER			T) \$ 698
U) NAME, TITLE: JULIANNE VIDUYA - DIRECTOR			U) \$ 407
V) NAME, TITLE: R. SWAN - DIRECTOR			V) \$ 468
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION COMFORT AND AID TO VETERANS IN HOSPITALS			W) # 127
X) DESCRIPTION			X) #
Y) DESCRIPTION			Y) #

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 MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		✓
3	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST OR DID ANY OFFICER DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		✓
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		✓
5	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		✓
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		✓
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		✓
7b.	IF "YES". ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____, AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		✓
9	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		✓
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		✓
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS ATHENE ANNUITY & LIFE ASSURANCE CO #0040099504; AMERICAN GENERAL LIFE SERVICES CO #MN034810; MCHENRY BANK AND TRUST #2650002077		
12	NAME AND TELEPHONE NUMBER OF CONTACT PERSON <u>WALTER KOMARNICKI - 773-501-3391</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:

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

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

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

1. Name of organization: ChildFund International

Address: 2821 Emerywood Parkway, Richmond, VA 23294

Telephone Number: 804-756-3513

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

PLEASE SEE ATTACHMENT #1

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

April 14
March 16, 2016 - December 31, 2016

Please see attachment #2 for locations

DC. for
H.A.
3-18-16

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

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

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

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

2013

7. Include the following with your application:

- A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois. please see attachment #3
- B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation. please see attachment #4

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

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

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

Signature Armed L. Holland Title President & CEO Date 3/3/16

Signature [Signature] Title CFAO Date 3/3/16

Signature _____ Title _____ Date _____



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

February 24, 2016

CHILDFUND INTERNATIONAL, USA
2821 EMERYWOOD PARKWAY
RICHMOND, VA 23261

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of CHILDFUND INTERNATIONAL, USA under the Illinois Charitable Laws
CO# 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 cursive script that reads "Takiyah 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:	2016-12	
GROUP NAME:	Chicago Firemen's Post 667	
ADDRESS:	3647 N. Tripp Avenue , Chicago, IL 60641-3038	
TELEPHONE NUMBER:	773-283-4305	
CONTACT PERSON:	James Mindak	
DATE WRITTEN REQUEST WAS RECEIVED:	March 13, 2016	
SOLICITATION DATE:	May 25-27, 2016	
CITY COUNCIL DATE:	April 13, 2016	
COMPLETION OF FILE DATE:		
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:		
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 13, 2016	
VIOLATION (S)		
COMMITTEE LETTER SENT:		
COMPLY RECEIVED:		
COMMENTS:		



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

April 7, 2016

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

Lisa Madigan
ATTORNEY GENERAL

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

A handwritten signature in cursive script, appearing to read "T. Martin Barnes".

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

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. **Name of organization:** CHICAGO FIREMEN'S POST 667
AMERICAN LEGION
Address: 3647 N. TRIPP AVE.
CHICAGO, IL. 60641-3038
Telephone Number: 773-283-4305

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
3647 N. TRIPP AVE.
CHICAGO, IL. 60641-3038
773-283-4305

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

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

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

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

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

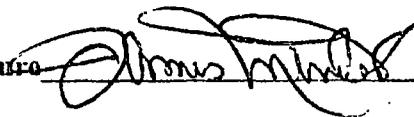
8. **Please include any other relevant information which on Finance in reviewing this application.**

REGISTRATION WITH ATTORNEY GENERAL
DEPT. OF ILLINOIS AMERICAN LEGION



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

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

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

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____