



City of Chicago



Or2013-641

Office of the City Clerk

Document Tracking Sheet

Meeting Date:	10/16/2013
Sponsor(s):	Burke (14)
Type:	Order
Title:	Tag Day permits for Children's Benefit League of Chicago & Suburbs, Life Development Ministries, PLAN International and Muscular Dystrophy Association - Chicago
Committee(s) Assignment:	Committee on Finance

CHICAGO October 16, 2013

To the President and Members of the City Council:

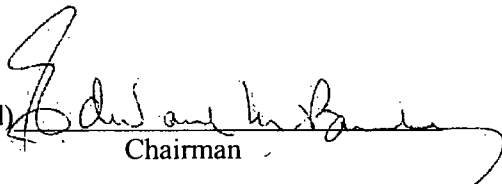
Your Committee on Finance having had under consideration one (1) order authorizing four (4) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. Children's Benefit League of Chicago & Suburbs
- B. Life Development Ministries
- C. PLAN International
- D. Muscular Dystrophy Association - Chicago

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

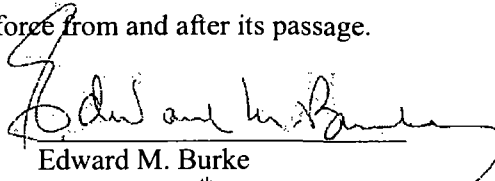
Document No. _____

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

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

- A. Children's Benefit League of Chicago & Suburbs
April 4-5, 2014
Citywide
- B. Life Development Ministries
October 24-25, 28-30, 2013
November 1, 4-9, 11-16, 18-22, 25-26, 29-30, 2013
December 2-7, 9-14, 16-21, 2013
Citywide
- C. PLAN International
Tuesdays through Sundays, October 26 through December 31, 2013
Citywide
- D. Muscular Dystrophy Association - Chicago
October 27, 2013
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:	2013-30		
GROUP NAME:	Children's Benefit League of Chicago & Suburbs		
ADDRESS:	1530 N. Main St., Wheaton, IL 60187		
TELEPHONE NUMBER:	630-653-6400		
CONTACT PERSON:	Ms. Jennie Tietien		
DATE WRITTEN REQUEST WAS RECEIVED:	September 3, 2013		
SOLICITATION DATE:	April 4-5, 2014		
CITY COUNCIL DATE:	October 16, 2013		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	October 16, 2013		
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:** Children's Benefit League of Chicago & Suburbs

Address: C/O Jennie Tietien - ECFA
1530 N Main St. Wheaton, IL 60187

Telephone Number: 630/653-6400 ext:214

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

Please see Attached List on sheet

3. **List the date and approximate location(s) of solicitation:** April 4. & 5 2014

Fridav and Saturdav 6am thru 6 pm Taggers will be on the sidewalks where ever pedestrian traffic is nearby. Loop corners. near entrances. of banks, stores, etc. neighborhoods. If on private property, permission will be secured.

4. **Approximately how many persons will be engaged in the solicitation?** 600 in Chicago & Suburbs

5. **Explain the methods your organization will use to solicit funds:** Taggers ask pedestrians to give to help children at their agency. If they give, a star is given in return and they put their donations in a sealed numbered box. Boxes show name of president, address & phone #. Themember agency is also shown on the box &

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

1908-2013

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.
- 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 Jeanne Tietjen Title Treasurer & VP Date 9-15-2013

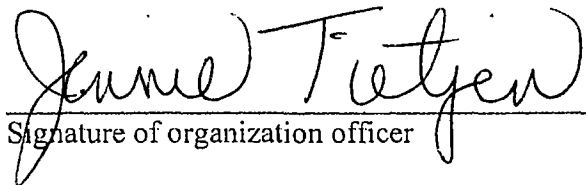
Signature Steven Koll Title President Date 9-23-2014

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.

Children's Benefit League of Chicago & Suburbs
Name of organization


Signature of organization officer

9-15-2013
Date

Children's Benefit League of Chicago and Suburbs

1908-2013

PRESIDENT

Steven Koll
North Avenue Day Nursery
2001 West Pierce Place
Chicago, IL 60622
773/342-4499

CHILDREN'S BENEFIT LEAGUE TAG DAYS

April 19, 20, 2013

Working together to meet the needs of Children for 105 years

BOARD OF DIRECTORS

Jennie Tietjen
1st Vice President &
Treasurer

Pat Drinkwine
2nd Vice President

Debbie Grossman
3rd Vice President

Karine Roettgers
Recording & Corresponding
Secretary

Yearbook and Revisions

Miguel Alvarado
Nominating

Katie Stanley
Press and Publicity

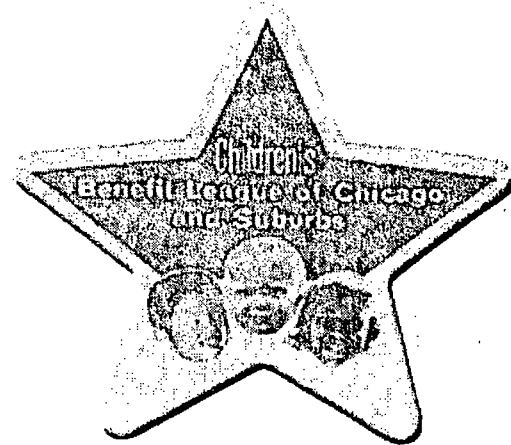
MEMBER AGENCIES

A Just Harvest
Ada S. McKinley
Association House of Chicago
Benton Community Settlement
Blind Service Association
Evangelical Child & Family
Agency
Inner Voice Inc.
Lydia Home Association
North Avenue Day Nursery
Sadie Waterford Manor -
Halfway House Committee

*Helping children
for 105 Years*

SUPPORT CHILDREN IN:

- ◆ Vision Impaired & Blind Services
- ◆ Job Training & Mentoring
- ◆ Alternative Schools & Scholarships
- ◆ Head Start Programs
- ◆ Residential Treatment Centers
- ◆ Community & Day Care Centers
- ◆ Adoption & Foster Care Agencies
- ◆ Hunger Relief
- ◆ Behavioral Health
- ◆ Alcohol & Drug Abuse Prevention Programs



The Children's Benefit League, a non-sectarian organization established for the sole purpose of coordinating fund-raising for our member agencies, is the oldest of the Tag Days permitted by the City of Chicago and authorized by most suburbs. The League has no office or paid staff. The members are volunteers and staff that are made up of from the agency members. Last year **602 taggers gave more than 1223 hours** of their time on Tag Days and raised a total of **\$40,648.69!**

Children throughout the metropolitan area are served by member agencies of the Children's Benefit League. Hundreds of children are given full time care in foster homes; additional children are given part-time care in neighborhood centers, Alternative Schools, HeadStart programs, and summer camps. The annual cost of operating the member agencies runs into the millions of dollars. Our Tag Days is one source of some of the necessary funds.

The Children's Benefit League's Charitable Organization Number is **01005835**. Each member agency also complies with the Illinois Attorney General's Office under the Illinois Solicitation Act and is either monitored by or received funds from at least one of the following: the Department of Children and Family Services (Illinois), the Illinois State Board of Education, the Department of Human Services (Chicago or Illinois), the United Way of Chicago, or the United Way of Suburban Chicago.

PLEASE GIVE and WEAR OUR STAR TAG on

FRIDAY and SATURDAY, APRIL 19 & 20, 2013



*sample of
last yr - new one will
look similar*

Officers of Children Benefit League of Chicago and Suburbs

FY June 1, 2013 - May 31, 2014

President

Steven Koll 3442 West 82 Place Chicago, IL 60652 steven@nadnkids.org
Work: 773/342-4499 Home: 773/925-7663 Cell: 773/732-5714

Treasurer and First Vice President - Permits for Suburbs and area establishments

Jennie Tietjen 1530 N. Main St. Wheaton, IL 60187
Work: 630/653-6400 Cell: 630/247-4824 or jenniet@evancfa.org

Second Vice President - Membership and Investigating

Pat Drinkwine 2420 Grant Street Evanston, IL 60201
Home: 847-475-1919 Pdrinkwine@ameritech.net

Third Vice President - Locations

Debbie Grossman 17 North State Street Suite 1050 Chicago, IL 60602
Work: 312/236-0808 Home: 773/463-6515 BSADGrossman@aol.com

Yearbook/Revisions

Drew Williams Association House of Chicago 116 North Kedzie Ave
Chicago, IL 60651 Phone: 773/772-8144 dwilliams@associationhouse.org

Recording/Corresponding Secretary

Karine Roettgers 17 N. State Street #1050 Chicago, IL 60602
Work: 312/236-0808 bsakrosvold@aol.com

Press and Publicity

Katie Stanley -Halfway House Committee, Inc. 3641 S. Crawford Ave Crestwood, 60472
Work: 708-371-1969 or sadiemanor@aol.com or Kathryn.Stanley@illinois.gov

Nominating

Miguel Alvarado 9513 S. Kenneth #1 South Oak Lawn, IL 60453
Work: 773/731-8187 Home: 708/385-2726 malvarado@adasmckinley.org

STATE OF ILLINOIS

OFFICE OF
THE SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

Whereas, Articles of Amendment to the Articles of Incorporation duly signed and verified of

CHILDREN'S BENEFIT LEAGUE OF CHICAGO AND SUBURBS

have been filed in the Office of the Secretary of State on the 27th day of September A.D. 1971, as provided by the "GENERAL NOT FOR PROFIT CORPORATION ACT" of Illinois, approved July 17, 1963, in force January 1, A.D. 1964.

Now Therefore, JOHN W. LEWIS Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this Certificate of Amendment and attach thereto a copy of the Articles of Amendment to the Articles of Incorporation of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois.

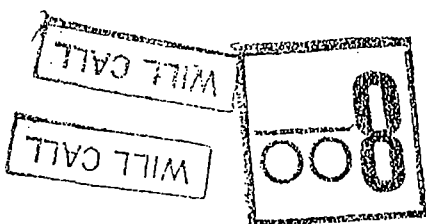
Done at the City of Springfield this 27th day of September A.D. 1971, and of the Independence of the United States the one hundred and 95th



John W. Lewis
SECRETARY OF STATE

611 020 17

Continued of
Amendment
of
to the articles of Incorporation



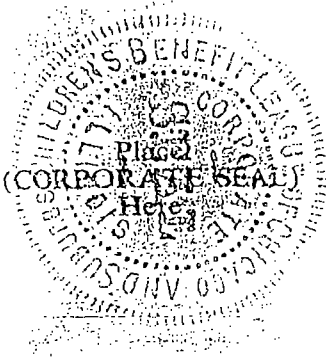
State of Illinois,

Office of the

Secretary of State

21-26719

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its _____ President, and its _____ Secretary, this 31st day of August, 1971



CHILDREN'S BENEFIT LEAGUE OF
CHICAGO AND SUBURBS

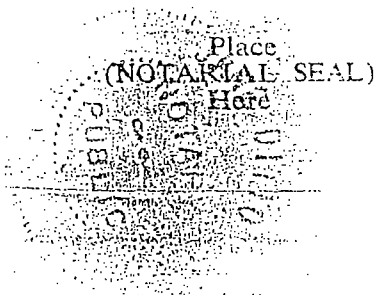
(Exact Corporate Title)

By Constance Williams (Mrs. Philip C. Williams)
Its _____ President
Charlene Mathews (Mrs. R.C. Mathews)
Its _____ Secretary

STATE OF Illinois
OF Cook } ss.

I, James D. Little, a Notary Public, do hereby certify that on the 31st day of August, 1971, Constance Williams, Charlene Mathews (Acknowledgment by either officer is sufficient) personally appeared before me and, being first duly sworn by me, acknowledged that _____ he signed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.



James D. Little
Notary Public.

FORM NP-35

Box 1134 File 603-1-10

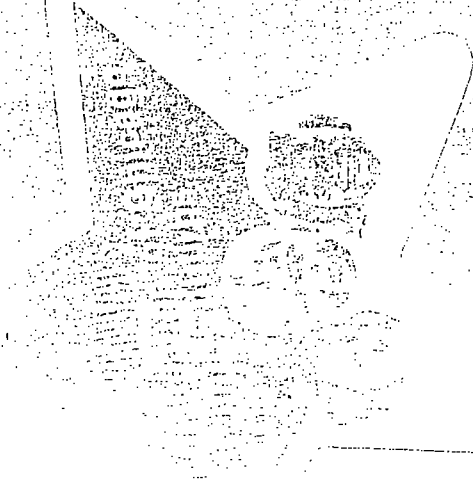

ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
of
CHILDREN'S BENEFIT LEAGUE
OF CHICAGO AND SUBURBS

FILED
SEP 17 1971
Secretary of State

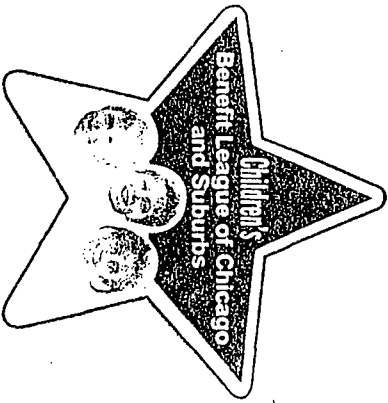
Filing Fee \$10.00
(5885-10M-3-69) 14

100

SECRET



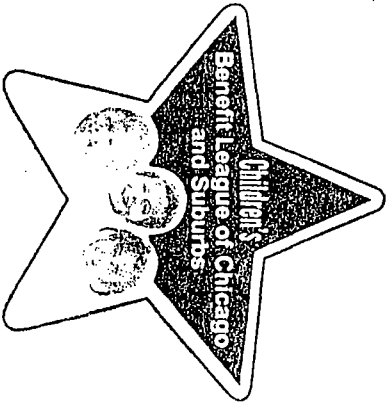
3



ALL of your gift will help
needy or less fortunate children in
Chicago and Suburbs
Thank You

CTIONS*

Member: Council of TAG DAY ORGANIZATIONS



ALL of your gift will help
needy or less fortunate children in
Chicago and Suburbs
Thank You

Member: Council of TAG DAY ORGANIZATIONS



ALL of your gift will help
needy or less fortunate children in
Chicago and Suburbs
Thank You

Member: Council of TAG DAY ORGANIZATIONS



ALL of your gift will help
needy or less fortunate children in
Chicago and Suburbs
Thank You

Member: Council of TAG DAY ORGANIZATIONS



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

September 27, 2013

**CHILDRENS BENEFIT LEAGUE OF
CHICAGO AND SUBURBS
C/O ECFA- JENNIE TIETJEN
1530 N. MAIN ST.
WHEATON, IL 60187**

Lisa Madigan
ATTORNEY GENERAL

**RE: RE: Status of CHILDRENS BENEFIT LEAGUE OF CHICAGO AND SUBURBS under
the Illinois Charitable Laws
CO# 01005835**

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of CHILDRENS BENEFIT LEAGUE OF CHICAGO AND SUBURBS under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01005835. It is current in the filing of its financial reports, having filed its report for the period ended May 31, 2013. 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



(DO NOT WRITE IN THIS SPACE)

Date 9-17-71

Filing Fee \$ 10.00

Clerk JP

To Be Filled
In Duplicate
Filing Fee \$10.00

FORM NP-36

ARTICLES OF AMENDMENT
to the
ARTICLES OF INCORPORATION
under the

GENERAL NOT FOR PROFIT CORPORATION ACT

JOHN W. LEWIS,

To ~~PAUL POWELL~~, Secretary of State, Springfield, Illinois.

The undersigned corporation, for the purpose of amending its Articles of Incorporation and pursuant to the provisions of Section 35 of the "General Not For Profit Corporation Act" of the State of Illinois, hereby executes the following Articles of Amendment:

1. The name of the corporation is: CHILDREN'S BENEFIT LEAGUE OF CHICAGO AND SUBURBS
2. There are some members, having voting rights with respect to amendments:
(Insert "no" or "some")

(Strike paragraphs (a), (b), or (c) not applicable)

3. (a) At a meeting of members, at which a quorum was present, held on May 11, 1971 same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting.

~~(b) By a consent in writing signed by all members of the corporation entitled to vote with respect thereto~~

~~(c) At a meeting of directors (members having no voting rights with respect to~~

~~the meeting), 19____, same receiving the votes of a majority of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting, the~~

following amendment or amendments were adopted in the manner prescribed by the "General Not For Profit Corporation Act" of the State of Illinois:

That paragraph 2 of the Articles of Incorporation be revised to read as follows:

"2. The object for which it is formed is to provide ways and means for a concentrated action, one day in April in each year, for the benefit of the various organized children's agencies forming this league."

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

PERMIT NUMBER:	2013-31		
GROUP NAME:	Life Development Ministries		
ADDRESS:	5658 W. Ohio, Chicago, IL 60644		
TELEPHONE NUMBER:	708-296-7880		
CONTACT PERSON:	Lonzo Harris		
DATE WRITTEN REQUEST WAS RECEIVED:	September 3, 2013		
SOLICITATION DATE:	October 24-25, 28-30, 2013		
	November 1, 4-9, 11-16, 18-22, 25-26, 29-30, 2013		
	December 2-7, 9-14, 16-21, 2013		
CITY COUNCIL DATE:	October 16, 2013		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	October 16, 2013		
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: Life Development Ministries
Address: 5658 W. Ohio, Chicago IL 60644
Telephone Number: 708 296 7880 (Best) / 773 287 4337 (office)
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:
Pastor: Lonzo Harris Sr. 622 Belmont Ave. Oswego IL 60543
Asst. Pastor: Mary McClinton
3. List the date and approximate location(s) of solicitation: *(See extra Paper for other date and locations)*
we would like the dates: Nov 3, 10, 17, 24 / 2013
(See extra paper) we would not want Nov 3, 10, 17, 24 / 2013
4. Approximately how many persons will be engaged in the solicitation?
6 to 12 People
5. Explain the methods your organization will use to solicit funds: *(See extra paper)*
Life Development Ministries methods of soliciting funds will be asking for monetary support at each corner, with baskets. We would also like the opportunity to ask for donation for product Fund raising
6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when? This will be our first time
Soliciting for our Charity on the streets.
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.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it contains the President's message to the Congress at the beginning of his first term.

2. The second part of the document is a report from the Secretary of the Treasury, dated January 1, 1861. It contains information about the state of the Treasury and the financial condition of the country.

3. The third part of the document is a report from the Secretary of the Interior, dated January 1, 1861. It contains information about the state of the Interior and the land policy of the country.

4. The fourth part of the document is a report from the Secretary of the Navy, dated January 1, 1861. It contains information about the state of the Navy and the naval policy of the country.

5. The fifth part of the document is a report from the Secretary of the War, dated January 1, 1861. It contains information about the state of the War and the military policy of the country.

**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 Anna Harris Title Treasurer Date Sept 11, 2013

Signature Larry Harris Title Pastor Date Sept 11, 2013

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.

Life Development Ministries
Name of organization

Amma Harris
Signature of organization officer

Sept 19, 2013
Date

3). Dates for fundraising

October 24-25, 2013 October 28-30, 2013

November 1, 2013 November 4-9, 2013 November 11-16

November 18-22, 2013 November 25-26, 2013 November 29-30, 2013

December 2-7, 2013 December 9-14, 2013 December 16-21, 2013

3). Locations:

Cicero and North Ave

Madison and Wabash

Western and Madison

Harlem and North Ave

Racine and Roosevelt

Narragansett and Fullerton (Grand Ave)

Division and Cicero

Chicago Ave and Western

Ashland and Roosevelt

Halsted and Roosevelt

Cicero and Fullerton

Chicago and LaSalle

Western and North Ave

Laramie and Fullerton

Austin and Chicago Ave

Central and Fullerton

8). Life Development Center and Life Development Ministries are one. Life Development Ministries assist Life Development Center in their support in helping women, children, and families in the North and South area of the Austin community.

Since the inception November 2009, we have progressively assisted as many clients as possible. Services provided housing, parenting classes, financial planning strategies, structure and guidance. 15 women we housed at 4712 W. Van Buren which was an abandoned community eye sore, that is now renovated, adequate, housing for lower income families.

(Prior to 2011 all clients were given housing at no charge) Women without children reside in our Hospitality House, located 5658 W. Ohio Street. 4 adult females where two are employed and the other two are not but they are striving for further economic stability.

Both of our properties are in economically stressed communities. (Refurbishing of both facilities was done independently without outside resources).

An overwhelming demand for positive intervention within the community through charitable Y.A.P (Youth Awareness Program) and L.E.A.R.N (Life Enrichment and Resource Network) implemented in November 2009.

Life Development is in need of assistance to further the work we have set out to do in our community. We would like to be able to assist many more people



OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

September 16, 2013

LIFE DEVELOPMENT MINISTRIES
5658 W OHIO
CHICAGO, IL 60644

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of LIFE DEVELOPMENT MINISTRIES under the Illinois Charitable Laws
CO# 01062049

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of LIFE DEVELOPMENT MINISTRIES under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01062049, and has been granted religious exemption from filing annual financial reports with our office. 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:	2013-32		
GROUP NAME:	PLAN International		
ADDRESS:	155 Plan Way , Warwick, RI 02886		
TELEPHONE NUMBER:	401-738-5600		
CONTACT PERSON:	Ms. Tessie San Martin		
DATE WRITTEN REQUEST WAS RECEIVED:	September 3, 2013		
SOLICITATION DATE:	Tuesdays through Sundays, October 26, 2013 through December 31, 2013		
CITY COUNCIL DATE:	October 16, 2013		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	October 16, 2013		
<u>VIOLATION (S)</u>			
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:

PLAN International

Address: 155 Plan Way, Warwick, RI 02886

Telephone: (401) 738-5600

2. Name of Professional Fundraiser:

Public Outreach Fundraising

Address: 1511 Third Ave, Suite 788, Seattle, WA 98101

Telephone Number: 206-262-9464 X 1127

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

Please see attached list

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

6 days a week, Tuesday to Sundays, from October 26, 2013 through December 31, 2013;
various locations throughout Chicago

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

10-15

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

Please see attached

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

Public Outreach Fundraising, LLC on behalf of PLAN International was issued a Chicago Tag Day permit from Sept 12, 2012 to December 31, 2012.

8. Include the following with your application:

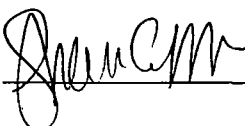
- A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois. *On file*
- B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which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

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

Please see attached.

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.)

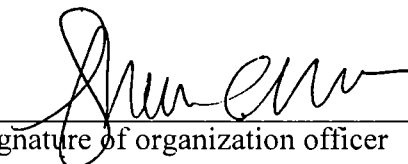
Signature  Title CMD Date 9-24-13

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.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Plan International USA
Name of organization


Signature of organization officer

9-24-13
Date

Q.3: Names, titles, addresses and phone numbers of officers:

Chairman:

President & CEO:

Chief Audit Executive:

General Counsel & Corporate Secretary:

Chief Financial Officer:

Please see attached.

Q. 6: Explain the methods your organization will use to solicit funds:

Public Outreach Fundraising, LLC is a commercial fundraiser registered with the Illinois Attorney General's Office. The company has been contracted by Plan International to conduct ongoing street solicitations in Chicago.

Public Outreach recruits monthly donors on behalf of the charity. Our representatives work on sidewalks, indoors on private property (with written consent from the charity and permission from city and state authorities as well as from the private property owner). They do not sell products or services.

Street representatives (solicitors) employed by Public Outreach are trained to be safety conscious. This includes not creating or allowing any sidewalk obstructions. The company has a successful record of adapting to local preferences and specific license conditions regarding the density, location and frequency of representatives on the street.

Representative's binders and t-shirt show the logo of the charity. As people pass by, they may ask in a conversational tone and volume, "Do you have a minute for Plan International?"

Street representatives do not approach people, harass or hound them, pursue them or block traffic in any way. They rely on passers-by to recognize the name and logo of the charity, and to choose whether to stop and engage in conversation. The initiative to make eye contact thus rests with passers-by. Our representatives then educate the potential donor on the work of the charity and explain the monthly giving process. Those who wish can sign up immediately, either for monthly donations or for one-time gifts. Others are offered a telephone follow up.



Jessica

**We do not accept
cash donations**



**Plan
to change
the world**

155 Plan Way | Warwick, RI 02879 | 1-800-556-7918

Public Outreach



**Promising Futures,
Community by Community**

Plan International Charitable Mission

Founded over 70 years ago, Plan is a more-than \$800 million organization often ranked among the top 10 international development agencies by reputation, size and scope.

We work side-by-side with communities in 50 developing countries to end the cycle of poverty for children, developing solutions to ensure long-term sustainability. Our level of community engagement, long-term outlook and constant focus on the needs and priorities of children is unique among international development organizations.

Our solutions are designed up-front to be owned by communities for generations to come and range from clean water and health care programs, to education projects and child protection initiatives. Community by community, Plan works to promise futures that are worthy of all children's potential.



**Promising Futures,
Community by Community**

Plan

**Plan International USA, Inc.
Executive Personnel**

1. Tessie San Martin, President/Chief Executive Officer
2. David A. Cannata, Chief Financial Officer
3. Shanna Marzilli - Chief Marketing Officer
4. Chip Carter, Chief Information Officer
5. Carol Donnelly, Vice President of Human Resources & Operations
6. Christine Sow, Vice President, International Programs

Mailing address and telephone number:

155 Plan Way
Warwick, RI 02886-1099
401-738-5600

(6) 1255 23rd Street NW –Suite 300
Washington, DC 20037
202-617-2300

All staff listed are full-time (40+ hrs/wk).

Rev 09-01-13

Skip Navigation



ILLINOIS ATTORNEY GENERAL Lisa Madigan

www.IllinoisAttorneyGeneral.gov

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Building Better Charities

Charitable Database Search



Back



Search

PLAN INTERNATIONAL USA INC D/B/A/ CHILDREACH

Reg. Number: 01003858
EIN: 135661832
Reg. Date: 12/19/1966
Address: 155 PLAN WAY
 WARWICK RI 02886-1099
County: No county listed

Assets	Income	Fiscal Year
\$29,288,468.00	\$59,660,417.00	06/30/2012
\$50,962,105.00	\$88,380,307.00	06/30/2011
\$25,973,029.00	\$63,724,800.00	06/30/2010
\$22,622,343.00	\$47,705,207.00	06/30/2009
\$21,793,341.00	\$47,934,752.00	06/30/2008
\$23,109,173.00	\$51,791,532.00	06/30/2007
\$22,338,985.00	\$38,074,885.00	06/30/2006
\$20,082,326.00	\$37,958,059.00	06/30/2005
\$18,298,621.00	\$40,243,619.00	06/30/2004
\$22,927,653.00	\$34,182,077.00	06/30/2003

PMT # _____

AMT _____

INIT _____

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORTAttorney General **LISA MADIGAN** State of Illinois

Charitable Trust Bureau, 100 West Randolph

11th Floor, Chicago, Illinois 60601

CO # **01003858**Form AG990-IL
Revised 3/05

Report for the Fiscal Period:

Beginning 7 / 1 / 2011& Ending 6 / 30 / 2012

MO DAY YR

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 # **13-5661832**

MO DAY YR

Are contributions to the organization tax deductible? ☒ Yes ☐ NoDate Organization was created: 7 / 13 / 1939

LEGAL NAME Plan International USA, Inc.	Year-end amounts	
MAIL ADDRESS 155 Plan Way	A) ASSETS	A) \$ 29,288,468
CITY, STATE Warwick, RI 02886-1099	B) LIABILITIES	B) \$ 1,572,148
ZIP CODE	C) NET ASSETS	C) \$ 27,716,320
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	PERCENTAGE	AMOUNT
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	D) \$ 44,940,482
F) OTHER REVENUES	%	E) \$ 13,857,569
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	%	F) \$ 862,366
	100%	G) \$ 59,660,417
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$ 4,998,447
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$ 0
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$ 4,998,447
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$ 57,312,259
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$ 62,310,706
M) MANAGEMENT AND GENERAL EXPENSE	%	M) \$ 8,762,341
N) FUNDRAISING EXPENSE	%	N) \$ 9,277,787
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 80,350,834
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) \$ 484,045
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$ 4,640,217
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ -4,156,172
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 245,478
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: Ana Teresa Gutierrez-San Martin President /CEO		T) \$ 238,890
U) NAME, TITLE: John McGeehan Chief Operating Officer		U) \$ 209,087
V) NAME, TITLE: Scott Schroeder Chief Marketing Officer		V) \$ 189,501
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		
W) DESCRIPTION: Program and Technical Support	W) #	115
X) DESCRIPTION: Development Education	X) #	300
Y) DESCRIPTION: Advocacy Programs	Y) #	012

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?		X
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?		X
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?		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	X	
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
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?		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>Bank of America Merrill Lynch, 111 Westminister St., Providence, RI 02903</u>		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>Amy Milanowski</u> <u>816-472-9000</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.

A.Teresa "Tessie" (Gutierrez) San Martin

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

David A. Cannata

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Copilevitz & Canter, LLC

PREPARER (PRINT NAME)

SIGNATURE

DATE

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

PERMIT NUMBER:	2013-33		
GROUP NAME:	Muscular Dystrophy Association		
ADDRESS:	520 W. Erie, #200, Chicago, IL 60654		
TELEPHONE NUMBER:	312-254-0632		
CONTACT PERSON:	Ms. Amanda Konopka		
DATE WRITTEN REQUEST WAS RECEIVED:	September 3, 2013		
SOLICITATION DATE:	October 27, 2013		
CITY COUNCIL DATE:	October 16, 2013		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	October 16, 2013		
<u>VIOLATION (S)</u>			
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: The Muscular Dystrophy Association
Address: 520 W. Erie, #200 Chicago, IL 60654
Telephone Number: 312.254.0632
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:
Stephen P. Evans, Assistant Treasurer
3300 E. Sunrise Drive
Tucson, AZ 85718
520-529-2000
3. List the date and approximate location(s) of solicitation:
October 27th, 2013; Division, Ashland & Milwaukee, Peterson & Ridge, Archer & Pulaski, 53rd & Harper, 67th & Stony Island, 87th & Cottage Grove, 95th & Stony Island, 99th & Halsted
4. Approximately how many persons will be engaged in the solicitation?
40, 5 per intersection
5. Explain the methods your organization will use to solicit funds:
NALC members will collect street side donations on behalf of the MDA
6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?
Yes, September 16th 2012
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 *See* Title Assistant Treasurer Date 10/7/15
Stephen P. Evans

~~Signature _____ Title _____ Date _____~~

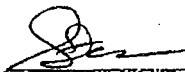
~~Signature _____ Title _____ Date _____~~

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.

Muscular Dystrophy Association, Inc.

Name of organization



Signature of organization officer
Stephen P. Evans, Assistant Treasurer

10/7/13

Date



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

May 31, 2013

MUSCULAR DYSTROPHY ASSOCIATION, INC.
3300 EAST SUNRISE DRIVE
TUCSON, AZ 85718-3208

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of MUSCULAR DYSTROPHY ASSOCIATION, INC. under the Illinois
Charitable Laws CO# 01002230

Dear Registrant:

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

This organization is currently registered with the Attorney General's Charitable Trust
and Solicitations Bureau as CO# 01002230. It is current in the filing of its financial reports,
having filed its report for the period ended December 31, 2011, and having received an extension
of time until August 31, 2013 to file its report for the period ended December 31, 2012. Please
let us know if you require further information.

Sincerely,

A handwritten signature in cursive script, reading "Taklyah Martin Barnes".

Taklyah Martin Barnes, Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2395



Department of the Treasury
Internal Revenue Service

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077589806
Sep. 16, 2013 LTR 4168C 0
13-1665552 000000 00

00030509

BODC: TE

MUSCULAR DYSTROPHY ASSOCIATION
3300 E SUNRISE DR
TUCSON AZ 85718-3208



021533

Employer Identification Number: 13-1665552
Person to Contact: Mr. Schatz
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 19, 2013, 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 1952.

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(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Requests, 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.

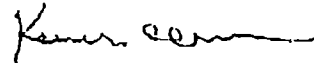
Please refer to our website www.irs.gov/so for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third 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.

4077589886
Sep. 16, 2013 LTR 4168C 0
13-166555B2 000000 00
00030510

MUSCULAR DYSTROPHY ASSOCIATION
3300 E SUNRISE DR
TUCSON AZ 85718-3200

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

Sincerely yours,



Kenneth Corbin, Acting Director
Exempt Organizations



**Letter carriers
volunteering to make
a difference.**

MDA seeks treatments and cures
for neuromuscular diseases
affecting more than 1 million
Americans through lifesaving
research and services programs.

Learn more at mda.org

NEWS *from* **MDA**

**For Immediate Release
September 6, 2012**

NOTE TO MEDIA: To set up interviews with The National Association of Letter Carriers, event participants or MDA staff, please contact Fundraising Coordinator Amanda Repp at 312-254-0632 or arepp@mdausa.org

Letter Carriers of Illinois "Deliver the Cure" For MDA with the Satchel Drive

Chicago, IL – The National Association of Letter Carriers (NALC) from Charles D. Duffy NALC Chicago Branch #11 will hit the streets for their second annual "Satchel Drive" this Sunday, September 16, 2012 to raise money for the Muscular Dystrophy Association (MDA).

Members of Branch #11 will be at intersections across the City of Chicago from 11AM to 3 PM.

"It is very special for our families to feel such generous support from their local community, and all of our local NALC branches have been amazing in this respect and have been supporting MDA for 60 years," said Amanda Repp, fundraising coordinator for Chicago MDA. "We could not thank them enough for all of their efforts; they consistently go above and beyond for our organization and we are proud to have them on our side"

NALC is the representing union of some 240 thousand professional members of the United States Postal Service who deliver mail to homes and businesses across the US. Committing its support to MDA back in 1952, NALC represents one of MDA's first National sponsoring organizations.

Today, NALC branches raise money for MDA year round through events like the Satchel Drive, raffles, walks, letter writing campaigns, and their annual upcoming Bowl-A-Thon.

Last year, NALC raised more than \$1.7 million dollars nation-wide through various fundraising efforts, and have raised more than \$20 million dollars over the last 15 years.

The State of Illinois' Letter Carriers are third in the nation for fundraising efforts, helping provide MDA with lifesaving research, equipment, programs, summer camps and more. There are more than 2,500 families that are registered with MDA in Northern Illinois alone. The money raised from this satchel drive stays local and provides help and hope for these families.

MDA is the nonprofit health agency dedicated to curing Muscular Dystrophy, including ALS and other related diseases by funding worldwide research. In addition to funding more than 330 research teams,, MDA maintains a national network of some 200 hospital-affiliated clinics; orchestrates hundreds of support groups for families affected by neuromuscular diseases and facilitates extraordinary local summer camp opportunities for thousands of youngsters fighting progressive muscle diseases.

###

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

ID: sc

 DATE (MM/DD/YYYY)
10/07/13

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 California Resident License #0757776 HUB International Insurance Services Inc. 2375 East Camelback Rd Suite 250 Phoenix, AZ 85016 Phone: 602-395-9111 Fax: 602-395-0222		CONTACT NAME: Danielle Marinello PHONE (A/C, No, Ext): 602 - 749-4110 FAX (A/C, No): 866-215-0963 E-MAIL ADDRESS: danielle.marinello@hubinternational.com PRODUCER CUSTOMER ID #																						
INSURED Muscular Dystrophy Association, Inc. 3300 East Sunrise Drive Tucson, AZ 85718		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td>25674</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Insurance Company	18058	INSURER B:		25674	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP MM/DD/YYYY	LIMITS	
A	GENERAL LIABILITY			PHPK995823	04/01/2013	04/01/2014	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS-COMP/OPS AGG	\$ 2,000,000
								\$
		GEN L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY Injury (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STAT-TORY LIMITS	OTH -ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Additional Insured - State or Political Subdivisions - Permits Endorsement CG 2012 (07 98)

The Certificate Holder is added as additional insured as respects to their interest in NALC Branch 11 Satchel Drive taking place October 27, 2013 at various intersections in Chicago, IL

CERTIFICATE HOLDER

City of Chicago - City Hall
121 LaSalle Street
Chicago, IL 60602
312-744-5000

CANCELLATION

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

Robert A. Marchese



ADDITIONAL REMARKS SCHEDULE

CUSTOMER ID: _____

Page 2 of 2

AGENCY

HUB International Insurance Services Inc.

NAMED INSURED

Muscular Dystrophy Association, Inc.

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: 2009/09

POLICY NUMBER: PHPK995823

COMMERCIAL GENERAL LIABILITY

CG 20 12 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Any State or Political Subdivision if required by a signed contract.

City of Chicago – City Hall
121 LaSalle Street
Chicago, IL 60602
312-744-5000

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

ID: sc

DATE (MM/DD/YYYY)

10/07/13

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

California Resident License #0757776
HUB International Insurance Services Inc.
2375 East Camelback Rd Suite 250
Phoenix, AZ 85018
Phone: 602-395-9111 Fax: 602-395-0222

CONTACT

NAME: Danielle Marinello

PHONE
(A/C, No, Ext): 602 - 749-4110FAX
(A/C, No): 866-215-0963E-MAIL
ADDRESS: danielle.marinello@hubinternational.comPRODUCER
CUSTOMER ID #**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A: Philadelphia Indemnity Insurance Company

18058

INSURER B:

25674

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Muscular Dystrophy Association, Inc.
3300 East Sunrise Drive
Tucson, AZ 85718

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP MM/DD/YYYY	LIMITS
A	GENERAL LIABILITY			PHPK995823	04/01/2013	04/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN L AGGREGATE LIMIT APPLIES PER						PRODUCTS-COMP/OPS AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STAT-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Additional Insured - State or Political Subdivisions - Permits Endorsement CG 2012 (07 98)

The Certificate Holder is added as additional insured as respects to their interest in NALC Branch 11 Satchel Drive taking place October 27, 2013 at various intersections in Chicago, IL

CERTIFICATE HOLDER

NALC Branch 11
3850 S. Wabash
Chicago, IL 60653
773-624-4209

CANCELLATION

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

Robert A. Macleod



ADDITIONAL REMARKS SCHEDULE

CUSTOMER ID: _____

Page 2 of 2

AGENCY

HUB International Insurance Services Inc.

NAMED INSURED

Muscular Dystrophy Association, Inc.

ADDITIONAL REMARKS

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FORM NUMBER: 25 FORM TITLE: 2009/09