



# Office of the City Clerk



Or2012-561

Office of the City Clerk

## City Council Document Tracking Sheet

**Meeting Date:** 9/12/2012

**Sponsor(s):** Burke, Edward M. (14)

**Type:** Order

**Title:** Tag day permits for Baton Twirling Batutera's "Las Boricuas", Chicago Fund on Aging & Disability, The, Children's Benefit League of Chicago & Suburbs, Epilepsy Foundation of Greater Chicago, Illinois State Council Knights of Columbus Charities, Inc., Little City Foundation, National Assn. of Letter Carriers, Nature Conservancy, The, PLAN International, Salute, Inc., St. Mary of Providence and Kiwanis Clubs of Chicago

**Committee(s) Assignment:** Committee on Finance

CHICAGO September 12, 2012

To the President and Members of the City Council:

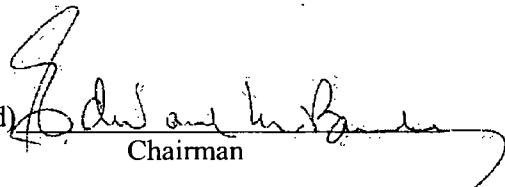
Your Committee on Finance having had under consideration one (1) order authorizing twelve (12) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. Baton Twirling Batutera's "Las Boricuas"
- B. The Chicago Fund on Aging & Disability
- C. Children's Benefit League of Chicago & Suburbs
- D. Epilepsy Foundation of Greater Chicago
- E. Illinois State Council Knights of Columbus Charities, Inc.
- F. Little City Foundation
- G. National Association of Letter Carriers
- H. The Nature Conservancy
- I. PLAN International
- J. Salute, Inc.
- K. St. Mary of Providence
- L. Kiwanis Clubs of 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. \_\_\_\_\_

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

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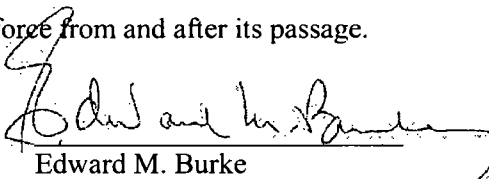
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Ordered, that the Committee on Finance is hereby authorized and directed to issue charitable solicitation (tag day) permits to the following organizations:

- A.           Baton Twirling Batutera's "Las Boricuas"  
September 22, 2012  
Citywide
- B.           The Chicago Fund on Aging & Disability  
d/b/a Meals on Wheels Chicago  
September 14, 2012  
Citywide
- C.           Children's Benefit League of Chicago & Suburbs  
April 19-20, 2013  
Citywide
- D.           Epilepsy Foundation of Greater Chicago  
September 7-9, 2012  
Citywide
- E.           Illinois State Council Knights of Columbus Charities, Inc.  
September 21-23, 2012  
Citywide
- F.           Little City Foundation  
September 13-15, 2012  
Citywide
- G.           National Association of Letter Carriers  
September 16, 2012  
Citywide
- H.           The Nature Conservancy  
September 17, 2012 through December 31, 2012  
Citywide
- I.           PLAN International  
September 12, 2012 through December 31, 2012  
Citywide
- J.           Salute, Inc.  
September 14, 2012  
Citywide
- K.           St. Mary of Providence  
September 6-8, 2012  
Citywide
- L.           Kiwanis Clubs of Chicago  
September 28-30, 2012  
Citywide

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

  
Edward M. Burke  
Alderman, 14<sup>th</sup> Ward

Document No. \_\_\_\_\_

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

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

<b>PERMIT NUMBER:</b>	2012-23	
<b>GROUP NAME:</b>	Baton Twirling Batutera's "Las Boricuas"	
<b>ADDRESS:</b>	4101 S. Maplewood, Chicago, IL 60632	
<b>TELEPHONE NUMBER:</b>	773-401-1451	
<b>CONTACT PERSON:</b>	Julia DeJesus	
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012	
<b>SOLICITATION DATE:</b>	September 22, 2012	
<b>CITY COUNCIL DATE:</b>	September 12, 2012	
<b>COMPLETION OF FILE DATE:</b>		
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>		
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012	
<b>VIOLATION (S)</b>		
<b>COMMITTEE LETTER SENT:</b>		
<b>COMPLY RECEIVED:</b>		
<b>COMMENTS:</b>		

**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:** Baton Twirling Bakukera's 'Las Borrucas'  
**Address:** 4101 S. Maplewood, Chgo, IL 60632  
**Telephone Number:** 773-401-1451
  
2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**  
Julia De Jesus - President/Coordinator - 4101 S. Maplewood Chgo.  
Cecilliana De Jesus - Vice President/Asst Coordinator - 1807 Mystic Dr. Plainfield, IL  
Luz M. Cintron - Treasurer - 1807 Mystic Dr. Plainfield, IL  
Wanda J. River - Secretary - 7021 Kallatin Dr. Plainfield IL
  
3. **List the date and approximate location(s) of solicitation:**  
~~August 18, 2012~~ Citywide  
Sept 22, 2012
  
4. **Approximately how many persons will be engaged in the solicitation?**  
about 150
  
5. **Explain the methods your organization will use to solicit funds:**  
Collecting funds at main intersections, throughout the City.
  
6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**  
yes, August, 14, 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.**
  - 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 Julia de los Title President Date 7-13-12

Signature Nanda Q. Rivera Title Secretary Date 7-13-12

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.

Baton Twirling Batuteas "Las Boricuas"  
Name of organization

\_\_\_\_\_  
Signature of organization officer

\_\_\_\_\_  
Date

# CHARITABLE ORGANIZATION - REGISTRATION STATEMENT -

LISA MADIGAN  
ATTORNEY GENERAL

**EASE TYPE OR PRINT IN INK.** This registration statement is required by the Illinois Charitable Trust Act and the Illinois citation for Charity Act. Please answer all items which are applicable to your organization. If you are unable to answer any question fully in the space provided, please attach a sheet containing the remainder of your answer. No further registration statement is required, provided that every registered organization shall notify the Attorney General within 10 days of any change in the information furnished herein. One copy of this Registration Statement and attachments are to be filed with the Office of the Attorney General, Charitable Trust and Solicitations Bureau, 100 West Randolph Street, 11th Floor, Chicago, Illinois 60601

This is a registration under:  Illinois Charitable Trust Act;  
 Illinois Solicitation for Charity Act;  
 Both Acts

Name of Organization		Telephone Number	Federal Employer ID#	
Batuteras (Twirlers) Las Boricuas		(773) 401-1451	27-4552745	
Street and Number	City	County	State	Zip Code
4101 S Maplewood	Chicago	Cook	IL	60632

Type of legal entity (Corporation, Trust, Unincorporated Association or other) and date, method and place organization legally established. Dec 12, 2010 incorporated in Illinois

If a foreign corporation, when was it authorized to do business in Illinois? N/A

If a corporation, Illinois Secretary of State's File No. 6760-206-4

\*A copy of the Articles of Incorporation or Certificate of Authority issued by the Secretary of State must be attached.

Name, address and telephone number of Illinois registered agent JULIA DE JESUS (773) 401-1451

Address of all offices in the State of Illinois. 4101 S Maplewood, CHICAGO IL 60632

Date on which the annual accounting period of the organization ends. Month December Day 31

State the purposes of the organization and purposes for which contributions are to be used. (Be specific)  
Athletic Group of Baton Twirlers. Funds will be raised for equipment uniforms, ACTIVITY PARTICIPATION FEES, TRAINERS, and choreographers.

9. If the name under which the organization intends to solicit funds differs from the name listed in No.2 provide name(s) under which contributions will be solicited, and the reason for the use of such other name(s). N/A

10. If the organization has previously been registered with the Attorney General under either Act, give the name under which registered (if different than shown in No. 2), last registration number, and date registered. N/A

10. Has the organization been registered with any other governmental authority to solicit contributions?  Yes  No  
Name of authority and date of authorization. \_\_\_\_\_  
Is such registration current?  Yes  No

11. Has the organization or any of its officers, directors or trustees ever been enjoined or prohibited by any court or other governmental agency from soliciting contributions, or is such action pending?  Yes  No  
If "Yes", attach an explanation.



# CHARITABLE ORGANIZATION —FINANCIAL INFORMATION FORM—

LISA MADIGAN  
ATTORNEY GENERAL

**EASE TYPE OR PRINT IN INK.** Organizations that have been in operation less than one (1) year are required to complete this form, compliance with the "Charitable Organization Registration Statement" Form CO-1 Line 20, and file each form with the Attorney General's Office, Charitable Trust Bureau, 100 West Randolph Street, 11th Floor, Chicago, Illinois 60601.

Name, address and telephone number of the organization: Batuteras (Twirlers) Las Boricuas  
4101 S Maplewood Chicago IL 60632 (773) 401-1451

The books and records are located at the following address and telephone number: Batuteras (Twirlers) Las Boricuas  
4101 S Maplewood Chicago IL 60632 (773) 401-1451

Are the gross receipts for the current calendar/fiscal year expected to exceed \$10,000.00?  Yes  No

Please provide the following financial information:

From inception 12/12/2011 thru 1/14/2011  
Month/Day/Year Month/Day/Year

### GROSS RECEIPTS TO DATE

Contributions, Gifts & Grants	\$ <u>0</u>
Program Service Revenue	<u>0</u>
Dues	<u>0</u>
Interest & Dividends	<u>0</u>
Rents	<u>0</u>
Fund Raising Events	<u>0</u>
Other Revenue	<u>0</u>
<b>TOTAL</b>	<b>\$ <u>0</u></b>

### ASSETS

Cash	\$ <u>0</u>
Accounts Receivable	<u>0</u>
Other Receivables	<u>0</u>
Inventory	<u>0</u>
Investments	<u>0</u>
Land, Buildings, Equip.	<u>0</u>
Other Assets	<u>0</u>
<b>TOTAL</b>	<b>\$ <u>0</u></b>

(IN LIEU OF THE ABOVE FINANCIAL INFORMATION, A CURRENT TREASURERS REPORT MAY BE SUBSTITUTED, PROVIDED THAT IT PROVIDES SUBSTANTIALLY THE SAME INFORMATION)

### CERTIFICATION

**NOTE:** At least two different persons, familiar with the financial affairs of the organization, are required to sign. These parties should be the President and the Chief Financial Officer, other authorized Officer or two Trustees.

Name and Title: Julia De Jesus, President  
Address: 1101 S Maplewood Chicago IL 60632

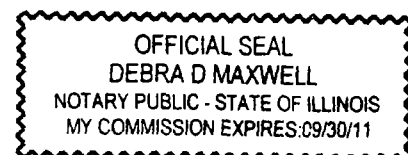
Date Signed: January 19, 2011

Name and Title: M. Cintron, Treasurer  
Address: 1807 Mystic Drive, Plainfield IL 60586

Date Signed: January 19, 2011

Subscribed and sworn by me this 19th day of January, 2011 A.D.

Public: Debra D. Maxwell



BATUTERAS (TWIRLERS) LAS BORICUAS  
BOARD OF DIRECTORS

JULIA DE JESUS, PRESIDENT  
4101 S. MAPLEWOOD  
CHICAGO, IL 60632  
(773)401-1451

LUZ M.CINTRON, TREASURER  
1807 MYSTIC DRIVE  
PLAINFIELD, IL 60658

CECILIANA DE JESUS , DIRECTOR  
1807 MYSTIC DRIVE  
PLAINFIELD, IL 60658

WANDA I. RIVERA, SECRETARY  
7021 GALLATIN DRIVE  
PLAINFIELD, IL 606586



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

April 15, 2011

BATUTERAS (TWIRLERS) LAS BORICUAS  
4101 S. MAPLEWOOD  
CHICAGO, IL 60632

**Lisa Madigan**  
ATTORNEY GENERAL

RE: Status of BATUTERAS (TWIRLERS) LAS BORICUAS under both The Charitable Trust and The Solicitation for Charity Acts.

Dear Registrant:

I am pleased to acknowledge receipt of your registration statement under both the Charitable Trust and the Solicitation for Charity Acts. The registration number assigned to your organization is CO# 01060435.

Please note that when an organization registers under the Charitable Trust and/or the Solicitation for Charity Act, it is required to file an annual financial report with our office. The annual financial report is due six months after the end of the organization's fiscal year. It is one of the duties of the organization's officers to ensure that this report is timely filed. A copy of the form AG990-IL along with instructions are attached to this letter.

I must also call your attention to Section 12 under the Solicitation for Charity Act. Please note that this registration in no way constitutes an endorsement of your organization by the State of Illinois and that any representation as such for the purpose of soliciting or collecting funds will be grounds for cancellation of your registration.

For your convenience, additional resource materials as well as blank forms and instructions are available under the "Building Better Charities" section of our website at [www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov). If you have questions, you may direct them by mail to the Charitable Trusts Bureau at 100 West Randolph Street, 11th floor, Chicago, Illinois 60601; or contact us by phone at (312) 814 - 2595. We will be happy to assist you.

Very truly yours,

A handwritten signature in black ink that reads "Lisa Madigan".

LISA MADIGAN  
Attorney General

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

<b>PERMIT NUMBER:</b>	2012-24		
<b>GROUP NAME:</b>	The Chicago Fund on Aging & Disability		
	d/b/a Meals on Wheels Chicago		
<b>ADDRESS:</b>	1 North LaSalle, Suite 2065, Chicago, IL 60602		
<b>TELEPHONE NUMBER:</b>	312-744-0684		
<b>CONTACT PERSON:</b>	Andrew Seibert		
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012		
<b>SOLICITATION DATE:</b>	September 14, 2012		
<b>CITY COUNCIL DATE:</b>	September 12, 2012		
<b>COMPLETION OF FILE DATE:</b>			
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>			
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012		
<b>VIOLATION (S)</b>			
<b>COMMITTEE LETTER SENT:</b>			
<b>COMPLY RECEIVED:</b>			
<b>COMMENTS:</b>			

## **APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT**

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

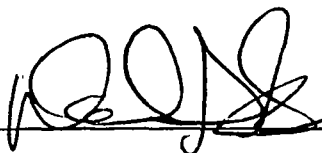
- 1. Name of Organization & Contact Information**  
The Chicago Fund on Aging & Disability  
D/B/A: Meals on Wheels Chicago  
One North LaSalle Street, Ste. 2065  
Chicago, IL 60602  
Phone: 312.744.0684  
Contact: Andrew Seibert
  
- 2. List of Officers in the Organization (w/ residence addresses and phone numbers)**

President	Amy Dordek Dolinsky 1629 North Bell Avenue, Chicago, IL 60647 312.416.0718
Vice President	Stephen Levy 3037 North Clifton Avenue, Unit 2, Chicago, IL 60657 312.673.4387
Vice President	Christopher Bertschy 2887 Reserve Court, Aurora, IL 60502 312.474.9255
Treasurer	Daniel Safran 5896 Partridge Lane, Long Grove, IL 60047 312.876.2787
Secretary	Kimberly Taylor 1712 West 91 <sup>st</sup> Street, Chicago, IL 60620 312.746.5704
  
- 3. Date & Location(s) of Solicitation**  
Friday, September 14, 2012  
See attached list of locations.
  
- 4. Approximate Number of Persons Engaged in Solicitation: 60**
  
- 5. Methods used to Solicit Funds**  
Volunteers will stand on sidewalks and ask for donations on behalf of the organization.  
Individuals making a contribution will receive a box of candy.
  
- 6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago?**  
Yes (June 22, 2012).
  
- 7. Include the following with your application:**
  - A. A copy of the Exemption issued by the Attorney General of the State of Illinois
  - B. A copy of the tag, badge, emblem which will be distributed as part of the solicitation
  
- 8. Please include any other relevant information which would assist the Committee on Finance in reviewing this application.**  
See attached information on the organization.



**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 Treasurer Date 5/4/12

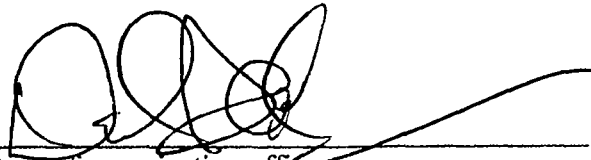
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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.

THE CHICAGO FUND ON AGING : DISABILITY (DIB/A MEALS ON WHEELS CHICAGO)  
Name of organization

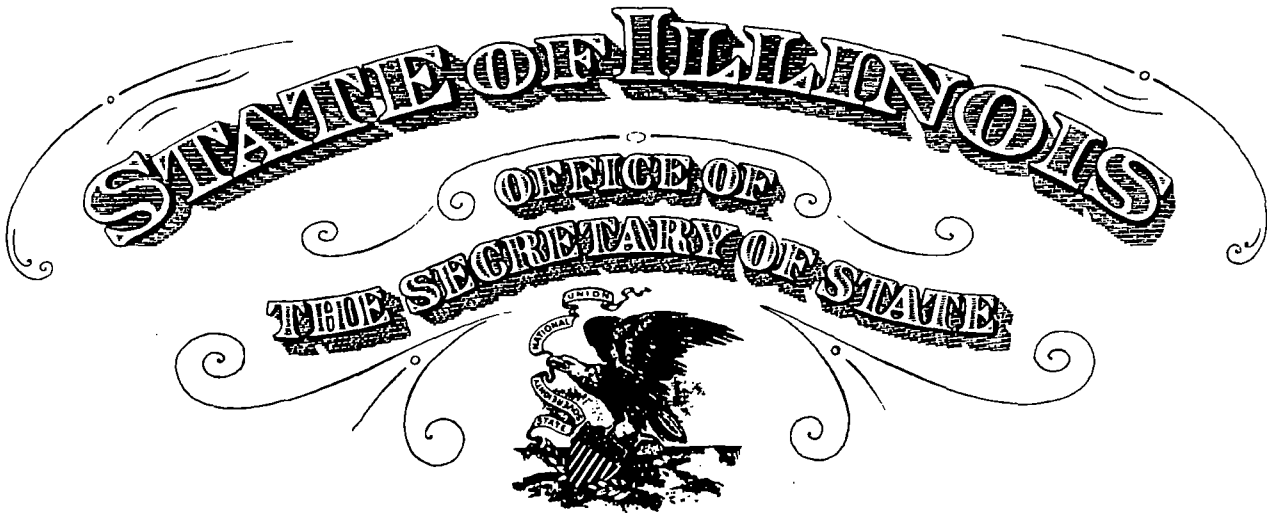
  
Signature of organization officer

5/19/12  
Date

**Approximate Locations for Solicitation**  
**Meals on Wheels Chicago – September 14, 2012**

1. Michigan Avenue & Wacker Drive – Northwest Corner
2. Michigan Avenue & Wacker Drive – Southeast Corner
3. Michigan Avenue & Wacker Place – Northwest Corner
4. Michigan Avenue & Wacker Place – Southeast Corner
5. Michigan Avenue & Lake Street – Northwest Corner
6. Michigan Avenue & Lake Street – Southeast Corner
7. Michigan Avenue & Randolph Street – Northwest Corner
8. Michigan Avenue & Randolph Street – Southeast Corner
9. Michigan Avenue & Washington Street – Northwest Corner
10. Michigan Avenue & Washington Street – Southeast Corner
11. Michigan Avenue & Madison Street – Northwest Corner
12. Michigan Avenue & Madison Street – Southeast Corner
13. Michigan Avenue & Monroe Street – Northwest Corner
14. Michigan Avenue & Monroe Street – Southeast Corner
15. Michigan Avenue & Adams Street – Northwest Corner
16. Michigan Avenue & Adams Street – Southeast Corner
17. State Street & Lake Street – Northwest Corner
18. State Street & Lake Street – Southeast Corner
19. State Street & Randolph Street – Northwest Corner
20. State Street & Randolph Street – Southeast Corner
21. State Street & Washington Street – Northwest Corner
22. State Street & Washington Street – Southeast Corner
23. State Street & Madison Street – Northwest Corner
24. State Street & Madison Street – Southeast Corner
25. State Street & Monroe Street – Northwest Corner
26. State Street & Monroe Street – Southeast Corner
27. State Street & Adams Street – Southeast Corner
28. Clark Street & Lake Street – Northwest Corner
29. Clark Street & Lake Street – Southeast Corner
30. Clark Street & Randolph Street – Northwest Corner

31. Clark Street & Randolph Street – Southeast Corner
32. Clark Street & Washington Street – Northwest Corner
33. Clark Street & Washington Street – Southeast Corner
34. Clark Street & Madison Street – Northwest Corner
35. Clark Street & Madison Street – Southeast Corner
36. Clark Street & Monroe Street – Northwest Corner
37. Clark Street & Monroe Street – Southeast Corner
38. Clark Street & Adams Street – Northwest Corner
39. LaSalle Street & Lake Street – Northwest Corner
40. LaSalle Street & Lake Street – Southeast Corner
41. LaSalle Street & Randolph Street – Northwest Corner
42. LaSalle Street & Randolph Street – Southeast Corner
43. LaSalle Street & Washington Street – Northwest Corner
44. LaSalle Street & Washington Street – Southeast Corner
45. LaSalle Street & Madison Street – Northwest Corner
46. LaSalle Street & Madison Street – Southeast Corner
47. LaSalle Street & Monroe Street – Northwest Corner
48. LaSalle Street & Monroe Street – Southeast Corner
49. LaSalle Street & Adams Street – Southeast Corner
50. LaSalle Street & Lake Street – Northwest Corner
51. LaSalle Street & Lake Street – Southeast Corner
52. LaSalle Street & Randolph Street – Northwest Corner
53. LaSalle Street & Randolph Street – Southeast Corner
54. LaSalle Street & Washington Street – Northwest Corner
55. LaSalle Street & Washington Street – Southeast Corner
56. LaSalle Street & Madison Street – Northwest Corner
57. LaSalle Street & Madison Street – Southeast Corner
58. LaSalle Street & Monroe Street – Northwest Corner
59. LaSalle Street & Monroe Street – Southeast Corner
60. LaSalle Street & Adams Street – Northwest Corner



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

THE CHICAGO FUND ON AGING AND DISABILITY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 10, 1987, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof,*** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 11TH  
day of JULY A.D. 2011

*Jesse White*



# About Meals on Wheels

In 1987, Meals on Wheels Chicago, represented by community leaders and concerned citizens, partnered with its primary community affiliate, the City of Chicago, to address the unmet nutritional needs of the city's homebound elderly and individuals with disabilities. What this core group discovered was a shortage of meal service for holidays, short term or emergency meals, and weekend delivery. To fill this void, Meals on Wheels Chicago committed to raising funds through special events, private funding, corporate partnerships and individual contributions that would go towards a supplemental food delivery program for seniors over the age of 60 and to a program that increases accessibility in homes of individuals with disabilities.

In partnership with our two city agencies, the Chicago Department of Human and Support Services, Senior Services Area Agency on Aging and the Mayor's Office for People with Disabilities, Meals on Wheels Chicago has raised millions of dollars to address these unmet needs and has maintained our mission to assist seniors and disabled Chicagoans find dignity and independence. Moving forward, it is our sincere hope, that the Chicagoland community will continue to support our efforts and offer peace of mind to the thousands of seniors whose simple wish is to find food security, independence, and self-sufficiency, in their own homes.

Our Home Delivered Meals Program provides two meals per day, five days a week, to over 11,000 homebound seniors. By ensuring these deliveries are made, we offer homebound seniors consistent nutrition, free from service disruption, and any unforeseen problems that prolonged isolation can impose on the elderly. In the absence of family, friends, or neighbors, our delivery drivers are often the first to notice changes in the senior's health and well-being. If there is a noted change in their mental or physical health, the driver will report this immediately to either police or paramedics or to the assigned case manager who will respond appropriately. We consider this daily interaction to be one of the city of Chicago's most cost effective preventative social services.

Our Home Modification Program provides financial assistance to qualifying individuals with disabilities for structural alterations that increase the accessibility of their homes or apartments. Typical alterations include kitchen and bathroom modifications and the addition of interior and exterior lifts and ramps. Modifications are limited to a maximum of \$10,000 per project and are performed by licensed, insured and experienced home remodeling companies.



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

<b>PERMIT NUMBER:</b>	2012-25
<b>GROUP NAME:</b>	Children's Benefit League of Chicago & Suburbs
<b>ADDRESS:</b>	1530 N. Main Street, Wheaton, IL 60187
<b>TELEPHONE NUMBER:</b>	630-653-6400
<b>CONTACT PERSON:</b>	Jennie Tietjen
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012
<b>SOLICITATION DATE:</b>	April 19-20, 2013
<b>CITY COUNCIL DATE:</b>	September 12, 2012
<b>COMPLETION OF FILE DATE:</b>	
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>	
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012
<b>VIOLATION (S)</b>	
<b>COMMITTEE LETTER SENT:</b>	
<b>COMPLY RECEIVED:</b>	
<b>COMMENTS:</b>	



\$20.00

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 ECFA Jennie Tietjen  
1530 N. Main St. Wheaton, IL 60187  
Telephone Number: 630-653-6400

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

Please See Attached Sheet

3. List the date and approximate location(s) of solicitation: April 19 & 20, 2013  
Friday and Saturday from 6 am - 6 pm Taggers will be on the sidewalks, where ever pedestrian traffice is nearby. Loop corners, near entrances to banks, stores etc. neighborhoods. If on private property, permission will be secured.

4. Approximately how many persons will be engaged in the solicitation?  
500 in Chicago and Suburbs

5. Explain the methods your organization will use to solicit funds:  
Taggers ask pesdestrians to give to help children at their agency. If they give money a star is given in return and they put their donations in a sealed numbered box. Boxes shoe anme of CBL president, address & Phone #. The

6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?  
1908-2012

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.

COMM. ON FINANCE  
9 11 13

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 Jane Tutjen Title Treasurer & VP Date 8-1-12

Signature Steven Koll Title President Date 8-7-12

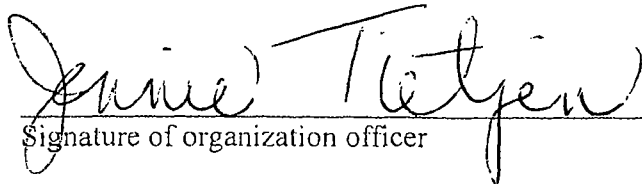
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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 & Suburbs

\_\_\_\_\_  
Name of organization

  
\_\_\_\_\_  
Signature of organization officer

8-1-12

\_\_\_\_\_  
Date

**Officers of Children Benefit League of Chicago and Suburbs**

FY June 1, 2012 - May 31, 2013

**President**

Steven Koll 3442 West 82 Place Chicago, IL 60652 [steven@nadnkids.org](mailto: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@evanfca.org](mailto:jenniet@evanfca.org)

**Second Vice President** - Membership and Investigating

Pat Drinkwine 2420 Grant Street Evanston, IL 60201  
Home: 847-475-1919 [Pdrinkwine@ameritech.net](mailto: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](mailto:BSADGrossman@aol.com)

**Recording/Corresponding Secretary**

Karine Roettgers 17 N. State Street #1050 Chicago, IL 60602  
Work: 312/236-0808 [bsakrosvold@aol.com](mailto: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](mailto:sadiemanor@aol.com) or [Kathryn.Stanley@illinois.gov](mailto: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](mailto: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 \_\_\_\_\_ day of \_\_\_\_\_ A. D. 19\_\_\_\_, as provided by the "GENERAL NOT FOR PROFIT CORPORATION ACT" of Illinois, approved July 17, 1943 in force January 1, 1944;

Now Therefore, I, ~~JOHN F. LEWIS~~ <sup>JOHN F. LEWIS</sup> ~~PAUL POWELL~~ 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 thereto set my hand and cause to be affixed the Great Seal of the State of Illinois.

I am at the City of Springfield this \_\_\_\_\_

day of \_\_\_\_\_ September AD 19\_\_\_\_ and

of the Independence of the United States

the one hundred and \_\_\_\_\_



*John F. Lewis*

21 Oct 1953

COMMISSION OF  
ANNOUCEMENT

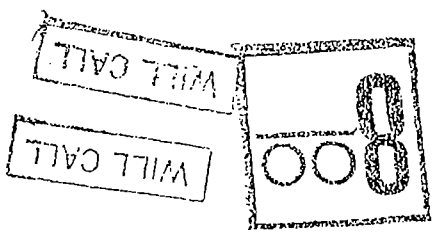
to the articles of incorporation  
of

STANDARD OIL COMPANY

Office of the

Secretary of State

ATLANTA



SEP-20-71 2 28 49 a • 21626719 a A - 100

1971 SEP 20 AM 10 52

Box 1134 File 1134

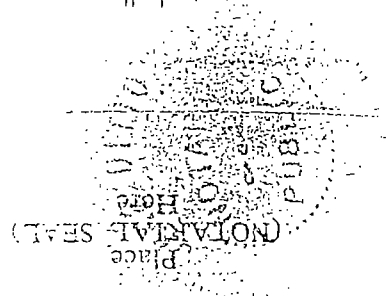
ARTICLES OF AMENDMENT

to the

ARTICLES OF INCORPORATION

of

CHILDREN'S BENEFIT LEAGUE  
OF CHICAGO AND SUBURBS



*[Handwritten signature]*  
SEP 11 1971  
Secretary of State

Filing Fee \$10.00

Notary Public

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

personally appeared before me and, being first duly sworn by me, acknowledged that he signed the foregoing articles of amendment in the capacity therein set forth and declared that the statements therein contained are true.

On this 19th day of September, 1971, I, a Notary Public, do hereby certify that on

By Robert Lee Shilburn (Exact Corporate Title)  
President  
Its Chairman (Exact Corporate Title)  
Secretary

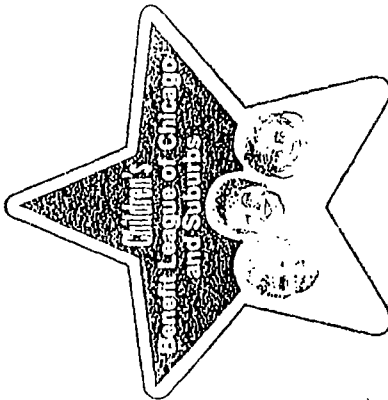
CHILDREN'S BENEFIT LEAGUE OF  
CHICAGO AND SUBURBS



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

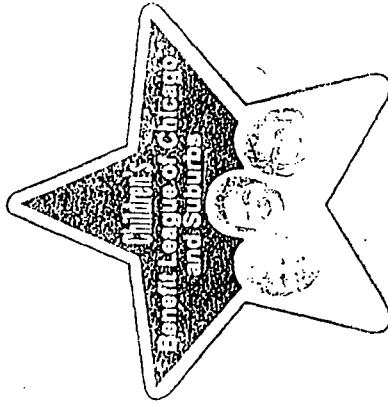






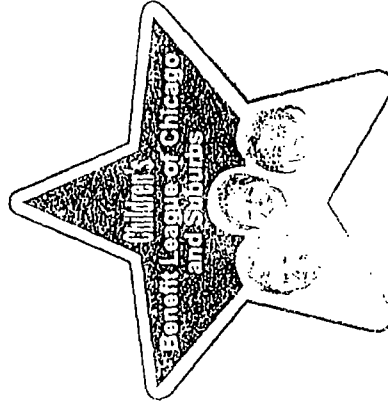
ALL of your gift will help  
needy or less fortunate children in  
Chicago and Suburbs  
**Thank You**

Member: Council of TAG DAY ORGANIZATIONS



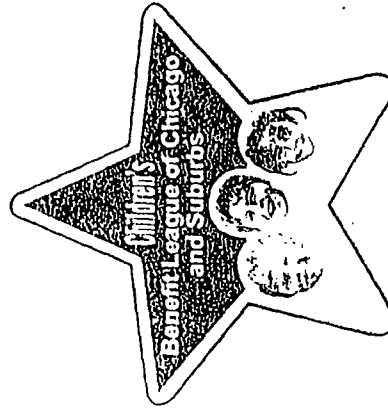
ALL of your gift will help  
needy or less fortunate children in  
Chicago and Suburbs  
**Thank You**

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



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

Member: Council of TAG DAY ORGANIZATIONS

To Be Filled  
In Duplicate  
Filing Fee \$10.00

FORM NP-36

(DO NOT WRITE IN THIS SPACE)

Date 9-17-71

ARTICLES OF AMENDMENT  
to the  
ARTICLES OF INCORPORATION  
under the  
GENERAL NOT FOR PROFIT CORPORATION ACT

Filing Fee \$ 10.00

Clerk JD

JOHN W. LEWIS,

To ~~FRANCIS POWERS~~, 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~~

~~the corporation) on 19, same receiving the votes of a majority of the directors, 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 of CHILDREN'S BENEFIT LEAGUE OF CHICAGO AND SUBURBS be amended 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."

21  
626  
711

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

<b>PERMIT NUMBER:</b>	2012-26	
<b>GROUP NAME:</b>	Epilepsy Foundation of Greater Chicago	
<b>ADDRESS:</b>	17 N. State Street, Suite 1300, Chicago, IL 60602	
<b>TELEPHONE NUMBER:</b>	312-939-8622	
<b>CONTACT PERSON:</b>	Kurt Florian, Jr.	
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012	
<b>SOLICITATION DATE:</b>	September 7-9, 2012	
<b>CITY COUNCIL DATE:</b>	September 12, 2012	
<b>COMPLETION OF FILE DATE:</b>		
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>		
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012	
<b>VIOLATION (S)</b>		
<b>COMMITTEE LETTER SENT:</b>		
<b>COMPLY RECEIVED:</b>		
<b>COMMENTS:</b>		

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

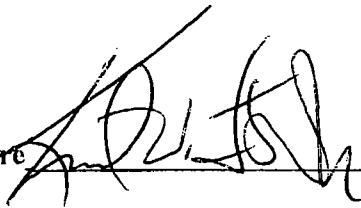
1. Name of organization: Epilepsy Foundation of Greater Chicago  
Address: 17 N. STATE, Suite 1300  
Telephone Number: 312 939. 8622 X 208
  
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:  
Kurt Florian Jr.                      Steve Coert                      Michael Keenan  
Interim Pres & CEO                      1469 W. Byron                      Chair  
26 W. 141 MacARTHUR                      Chicago, IL 60613                      873 N. Larrabee  
Wheaton, IL 60188                      Treasurer                      Unit 708  
630.260.9569                      773.394.7312.                      Chicago IL 60610  
312.852.6005.
  
3. List the date and approximate location(s) of solicitation:  
SEPTEMBER 7, 8, 9, 2012  
CITY WIDE.
  
4. Approximately how many persons will be engaged in the solicitation?  
400 Volunteers
  
5. Explain the methods your organization will use to solicit funds:  
Volunteers will wear designated reflective vests & will be a  
Public walk ways & intersections as well as streets with  
donation canisters. Donors will receive a tag in return.
  
6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?  
Yes, March 2011 & March 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.

Epilepsy Foundation of Greater Chicago  
17 N STATE ST. Suite 1300  
Chicago. IL 60631

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

President & CEO

Date

8/8/12

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.

Epilepsy Foundation of Greater Chicago  
Name of organization

[Handwritten Signature]  
Signature of organization officer  
President & CEO

8/8/12  
Date



**City of Chicago**

Committee on Finance  
City Hall • Room 302 • 60602  
www.committeefinance.org

Alderman Edward M. Burke  
Chairman

Telephone  
312-744-3380

Dear Charitable Organization:

Please find enclosed the application for a City of Chicago Charitable Solicitation Permit and a copy of the Municipal Code of the City of Chicago (Chapter 10-8-080 through 10-8-170) governing charitable solicitation in the City of Chicago.

We would suggest that you read the ordinance and become familiar with the requirements of the law. There are certain requirements for each charitable organization which solicits funds. For example, each person involved in the solicitation must display a tag or card as provided in section 10-8-140. Section 10-8-150 requires each soliciting organization to file a statement of receipts and disbursements with the Committee on Finance. The Committee on Finance must receive the application for the permit no less than thirty (30) days before solicitation is to begin. You should not that the Committee on Finance is responsible for resolving any conflicts when the same day is requested by two or more groups.

The application should completed and addressed to:

Committee on Finance  
121 North LaSalle Street  
Room 302  
Chicago, Illinois 60602  
(Attention: Christopher Lentino)

If you have any questions regarding the procedure for obtaining a Charitable Solicitation Permit, please do not hesitate to contact my staff at 312-744-3380.

Sincerely,

Edward M. Burke  
Chairman  
Committee on Finance

EMB/cl

Enclosure

## **ARTICLE II. CHARITABLE SOLICITATION**

### **10-8-080 Permit required.**

No person shall solicit or collect contributions of funds for charitable purposes upon any portion of the public way without first having obtained a permit for such purpose from the committee on finance.

(Prior code § 36-8; Added Coun. J. 12-18-84, p. 12004)

### **10-8-090 Permit – Issuance requirements.**

No permit for solicitation of charitable contributions on the public way shall be issued to any person unless such person is either (a) a benevolent, philanthropic, patriotic or eleemosynary organization registered and in good standing with the Attorney General of the State of Illinois under “An Act to regulate solicitation and collection of funds for charitable purposes, providing for violations thereof, and making appropriations therefor”, effective July 26, 1963, as amended; or (b) an organization exempt from compliance with said Act pursuant to section 3 thereof, as amended.

(Prior code § 36-9; Added Coun. J. 12-18-84, p. 12004)

### **10-8-100 Application.**

Application for a charitable solicitation permit shall be made on a form issued by committee on finance. The application shall include the name, address and telephone number of the soliciting organization; proof of registration and good standing, or proof of initial registration and exemption as described in Section 10-8-090(b) of this Code, issued by the Attorney General of the State of Illinois; the names, residence addresses and telephone numbers of the officers of the organization; the dates and locations of the

solicitation; the approximate number of persons engaging in the solicitation; an application fee of ten dollars (\$10) for each day of solicitation requested; and such other information as the committee on finance may require. The application fee charged by this section shall not be waived by any action of the City Council including by order or ordinance. Application for a charitable solicitation permit shall be made no less than 30 days before the commencement of the solicitation. The application shall be signed and verified by at least one officer of the organization.

(Prior code § 36-10; Added Coun. J. 12-18-84, p. 12004; Amend Coun. J. 11-17-2010, p. 107316)

### **10-8-110 Application – Committee action.**

The committee on finance shall review each application for a charitable solicitation permit at the first meeting following filing of the application. The committee may continue the hearing on an application if additional proceedings are necessary to determine the applicant’s compliance with the requirements of this chapter. If all requirements have not been met, the committee shall deny the application and shall notify the applicant of its decision and the grounds therefor. Notice of the denial shall be sent by mail, addressed to the applicant at the address stated in the application. All decisions of the committee shall be reported to the city council at the next regular meeting thereof.

(Prior code § 36-11; Added Coun. J. 12-18-84, p. 12004)

### **10-8-120 Date and location conflicts – Preference given when.**

If more than one organization applies for a permit to solicit charitable contributions on the same date and at the same location, the committee on finance shall resolve the conflict. Preference shall be given to organizations whose fundraising activities are well recognized, so as to promote the



efficiency and coordination of such activities. Any organization which has engaged in solicitation of charitable contributions on the public way in the same manner and at the same approximate time of year for five consecutive years shall be permitted to select its dates one year in advance of actual solicitation. The committee may offer alternate dates and/or sites as a means of resolving conflicts.

(Prior code § 36-12; Added Coun. J. 12-18-84, p. 12004)

#### **10-8-130 Permit legend.**

A charitable solicitation permit shall bear the legend "City of Chicago Charitable Solicitation Permit" and shall state the name of the organization to which it is issued and the dates and places of the permitted solicitation. Each permit shall be sequentially numbered to indicate the year of its issuance and the number of permits then outstanding. Each permit shall be signed by the chairman of the committee on finance.

(Prior code § 36-13; Added Coun. J. 12-18-84, p. 12004)

#### **10-8-140 Display of information.**

Each person who engages in the solicitation of charitable contributions on the public way shall display on his person a tag or card no smaller than two inches by four inches, indicating the name of his organization to which the permit is issued, the facsimile of the permit may be used instead of the tag or card. Each charitable organization must supply those persons soliciting on their behalf with reflective vests to be worn at all times while soliciting on city streets.

(Prior code § 36-14; Added Coun. J. 12-18-84, p. 12004; Amend Coun. J. 10-1-97, p. 53406, § 1; Amend Coun. J. 11-17-2010, p. 107316)

#### **10-8-150 Statement to be filed.**

Each organization which receives a charitable solicitation permit pursuant to chapter shall, within 60 days after the completion of the activities conducted under the permit, file with the committee on finance a statement of all receipts and disbursements from such activities.

(Prior code § 36-15; Added Coun. J. 12-18-84, p. 12004)

#### **10-8-160 Committee on finance – Rule adoption.**

The committee on finance may adopt rules and regulations consistent with the provisions of this chapter governing the solicitation of charitable contributions on the public way. The rules and regulations that have been adopted by the committee on finance are as follows:

1) The charitable organization must be registered with the Charitable Trust Division of the Illinois Attorney General's office as a not-for-profit corporation.

2) Prior to issuance of the permit the charitable organization must sign an agreement whereby the organization agrees to indemnify and hold harmless, the city, its officers, employees and agents from any and all claims, suits or damages arising from their use of the public way to solicit funds.

3) Persons under the age of sixteen shall be prohibited from soliciting on city streets.

4) Soliciting on city streets will be allowed only at intersections where vehicles must come to a complete stop and only when those vehicles have come to a complete stop.

(Prior code § 36-16; Added Coun. J. 12-18-84, p. 12004; Amend Coun. J. 10-1-97, p. 53406, § 2; Amend Coun. J. 4-29-98, p. 66275)

### **10-8-165 Enforcement.**

The Chairman of the Committee on Finance shall appoint and approve any individual(s) who will be charged with the supplementary enforcement of Article II of Chapter 10-8 alongside the Chicago Police Department. The appointed individuals shall serve for a term of two (2) years, expiring on the final Friday of December. As the term of any member expires, his successor shall be appointed by the Chairman of the Committee on Finance for a term of two (2) years. Any vacancy in the office of an appointed individual shall be filled by the Chairman of the Committee on Finance for the unexpired term. The appointed individuals shall wear a suitable badge to be furnished by the Committee on Finance identifying the aforementioned individuals as Special Inspectors of the Committee on Finance. All individuals shall serve without compensation.

(Added Coun. J. 11-17-2010, p. 107316)

### **10-8-170 Violation – Penalty – Corporation counsel to institute action.**

Any person who violates any provision of this chapter relating to solicitation of charitable contributions on the public way shall be fined \$1,000.00. Each day that a violation is committed shall be considered a separate and distinct offense. Any charitable organization that violates any provision of this chapter relating to solicitation of charitable contributions on the public way shall have their privileges suspended for a period of one year. Any charitable organization that violates any provision of this chapter a second time shall have their privileges suspended for a second year. Any charitable organization that violates any provision of this chapter a third time shall be prohibited from soliciting charitable contributions on the public way. Any charitable organization that has any fines or fees outstanding as a result of any provision of this chapter shall have all fee waivers temporarily placed on hold until the

aforementioned fines or fees are resolved. The corporation counsel, upon learning of violations of the provisions of this chapter relating to solicitation of charitable contributions of the public way, may institute an action in the appropriate court to seek an injunction against such violation in addition to the fines authorized by this section.

(Prior code § 36-17; Added Coun. J. 12-18-84, p. 12004; 1-23-85, p. 12746; Amend Coun. J. 10-1-97, p. 53406, § 3; Amend Coun. J. 11-17-2010, p. 107316)



## Illinois Department of Revenue

Office of Local Government Services  
Sales Tax Exemption Section, 3-520  
101 W. Jefferson Street  
Springfield, Illinois 62702  
217 782-8881

January 30, 2009

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
EPILEPSY FOUNDATION OF GREATER CHICAGO  
PRESIDENT  
17 N STATE ST STE 1300  
CHICAGO IL 60602-3297

We have received your recent letter; and based on the information you furnished, we believe

EPILEPSY FOUNDATION OF GREATER CHICAGO  
of  
CHICAGO, IL

is organized and operated exclusively for charitable purposes.

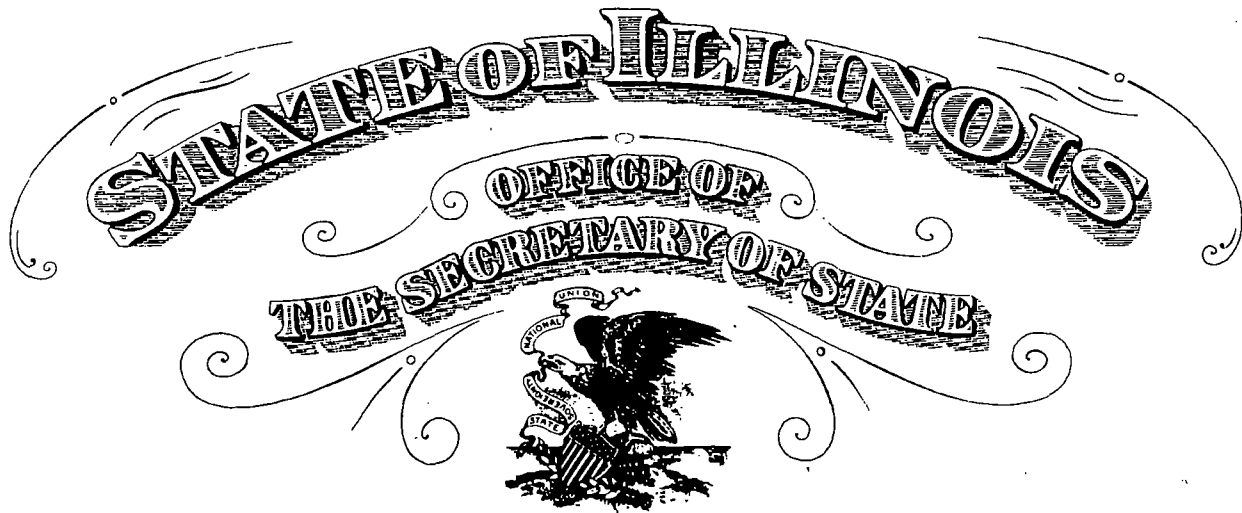
Consequently, sales of any kind to this organization are exempt from the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9969-7726-05. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on February 1, 2014, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services  
Illinois Department of Revenue

STS-49 (R-2/98)  
IL-492-3456  
11-0000054



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

EPILEPSY FOUNDATION OF GREATER CHICAGO, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 12, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication # 1123701318

Authenticate at <http://www.cyberdriveillinois.com>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of AUGUST A.D. 2011***

*Jesse White*

SECRETARY OF STATE



*Helping Give a Voice to People with Epilepsy!*

---

**The 'Talk About It!' Foundation Presents  
'Talk About Epilepsy!' Weekend  
In Partnership with the  
Epilepsy Foundation of Greater Chicago  
and Lundbeck  
September 7-9, 2012**

Partnership between The 'Talk About It!' Foundation, Epilepsy Foundation of Greater Chicago and Lundbeck.

Awareness Support Includes: Event page on TalkAboutIt.org. Regional Press Release. Regional Satellite Media Tour and Radio Spots featuring Greg Grunberg.

The Epilepsy Foundation of Greater Chicago will recruit volunteers to engage the local community, collect donations and give away first aid handouts to the public. Handout will include The 'Talk About It!' Foundation, Epilepsy Foundation and Lundbeck logos.

65% of money raised will stay with the Epilepsy Foundation of Greater Chicago to build local supportive care and services programs.

35% of total money raised will go to support national education and awareness activities.

The markets for **'Talk About Epilepsy!' Weekend** are Chicago, New England, Florida, San Diego, Los Angeles, Dallas-Ft. Worth and Minnesota.



The 'Talk About It!' Foundation ([www.talkaboutit.org](http://www.talkaboutit.org)) is a 501(c)3 non-profit organization created by Greg Grunberg (star of HEROES, ALIAS and FELICITY) who, as the father of a child with epilepsy, wants to change the public's false understanding and perceptions about epilepsy.



It's personal. For thousands of years, people have believed the wrong things about epilepsy -- including equating it to something evil and shameful. Even today, many don't know what epilepsy is or how to help someone having a seizure. This lack of understanding leads to injury and discrimination in many aspects of life, including education and employment.



**Epilepsy is a neurological disorder** producing sudden, brief changes in how brain cells function. When brain cells are not working properly, a person's consciousness, movements or actions may be altered for a short time. These changes are called seizures.



**Epilepsy affects people of all ages, of all races, and in all nations.** Nearly three million Americans have epilepsy, which can begin at any time of life. One in four of the more than 200,000 annual new cases of epilepsy are in children; and one in three begins in people over 65. And, 50,000 people die from seizure-related causes every year.

The 'Talk About It!' Foundation helps give a voice to people impacted by epilepsy. Our goals are:

- To help end stigma by providing education and awareness so the general public knows and talks about epilepsy, seizures and proper first aid.
- To provide support for people with epilepsy and their caregivers to become more comfortable talking about it with friends, family, neighbors and colleagues.
- To build collaborations and partnerships to help unite the epilepsy community.

**Epilepsy... It's time to talk about it!**

(Pictured: Scenes from [www.talkaboutit.org](http://www.talkaboutit.org), featuring, from top: Greg Grunberg, Kristen Bell, John Mayer, Zachary Quinto and Chris Pine.)

**talk!**  
about it™

.org

... IF SOMEONE IS  
HAVING A SEIZURE...  
DO YOU KNOW  
WHAT TO DO?

# SEIZURE FIRST AID!



DON'T PUT  
ANYTHING  
IN MOUTH

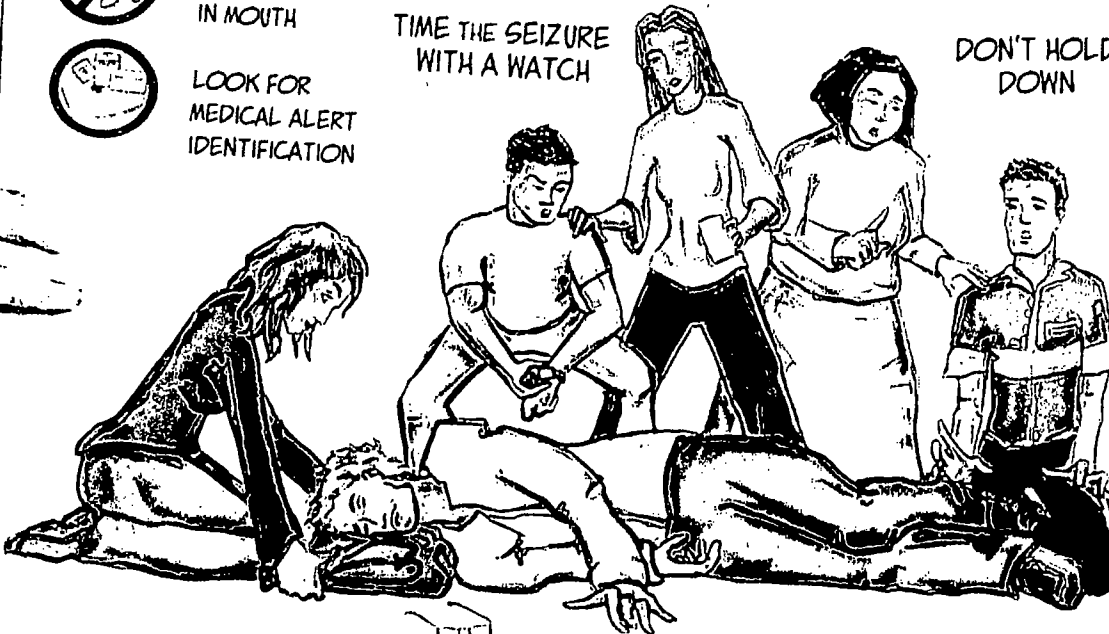


LOOK FOR  
MEDICAL ALERT  
IDENTIFICATION

AS SEIZURE ENDS, OFFER HELP  
CALL 9-1-1 IF SEVERE

TIME THE SEIZURE  
WITH A WATCH

DON'T HOLD  
DOWN



CUSHION HEAD, REMOVE GLASSES

TURN ON SIDE

LOOSEN TIGHT CLOTHING

MOST SEIZURES IN PEOPLE WITH EPILEPSY ARE NOT MEDICAL EMERGENCIES. THEY END AFTER A MINUTE OR TWO WITHOUT HARM AND USUALLY DO NOT REQUIRE A TRIP TO THE EMERGENCY ROOM.

BUT SOMETIMES THERE ARE GOOD REASONS TO CALL FOR EMERGENCY HELP. A SEIZURE IN SOMEONE WHO DOES NOT HAVE EPILEPSY COULD BE A SIGN OF A SERIOUS ILLNESS.

OTHER REASONS TO CALL AN AMBULANCE INCLUDE:

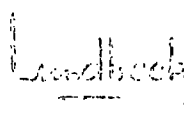
- A SEIZURE THAT LASTS LONGER THAN 5 MINUTES
- NO "EPILEPSY" OR "SEIZURE DISORDER" IDENTIFICATION
- SLOW RECOVERY, A SECOND SEIZURE, OR DIFFICULTY BREATHING AFTERWARDS
- PREGNANCY OR OTHER MEDICAL DIAGNOSIS
- ANY SIGNS OF INJURY OR SICKNESS



**EPILEPSY  
FOUNDATION™**

GREATER CHICAGO

Not another moment lost to seizures

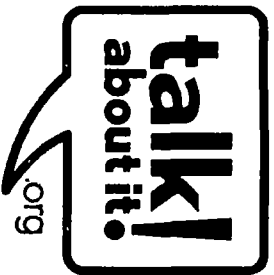


Your Partner  
in Epilepsy™

# 'Talk About Epilepsy!' Weekend



**EPILEPSY FOUNDATION®**  
GREATER CHICAGO



Weekend made possible through the generous support of

*Lundbeck*



1st Class  
Letter

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

<b>PERMIT NUMBER:</b>	2012-27		
<b>GROUP NAME:</b>	Illinois State Council Knights of Columbus Charities, Inc.		
<b>ADDRESS:</b>	187 S. Indiana Avenue, 3 <sup>rd</sup> Floor, Kankakee, IL 60901		
<b>TELEPHONE NUMBER:</b>	815-935-2262		
<b>CONTACT PERSON:</b>	Richard C. Spada		
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012		
<b>SOLICITATION DATE:</b>	September 21-23, 2012		
<b>CITY COUNCIL DATE:</b>	September 12, 2012		
<b>COMPLETION OF FILE DATE:</b>			
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>			
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012		
<b>VIOLATION (S)</b>			
<b>COMMITTEE LETTER SENT:</b>			
<b>COMPLY RECEIVED:</b>			
<b>COMMENTS:</b>			

**APPLICATION FOR CITY OF CHICAGO CHARITITABLE SOLICITATION PERMIT**

c/o Finance Department  
33 N La Salle Street  
Chicago, Illinois 60602

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

**1. Name of Organization:** ILLINOIS STATE COUNCIL K OF C CHARITIES, INC.

**Address:** 187 S Indiana Ave, 3rd Floor, PO Box 681, Kankakee, Illinois 60901

**Telephone Number:** 815-935-2262

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

President: Richard C Spada, 2S406 Lloyd Ave, Lombard, IL 60148, 630-932-9107

Secretary: Donald C Kinyon, Jr, 3056 Lincoln Park Dr, Galesburg, IL 61401, 309-344-3924

Treasurer: William L Doerfler, 1275 Trend Drive, Morris, IL 60450-1254

*tedglaser@aol.com*

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

September 21, 22, & 23, 2012

*Locations vary-Most of the selected areas are in the Chicago Downtown Area (see attached list)*

**4. Approximately how many persons will be engaged in the solicitation?** 400

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

*Canister donations on selected street corners and in front of selected buildings*

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

*We have been collecting funds for many years with formal approval received since 2005*

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 facsimile 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.



*Our members will be wearing collection aprons which identify them and the cause for our collections: "Helping people with Intellectual Disabilities". These aprons are bright yellow with iridescent orange printing and a reflective strip per your regulation. We do not collect on the streets after sunset.*

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

**APPLICATION MUST BE RECEIVED) BY THE COMMITTEE ON F1NANCE NO LATER. THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.**

**I/WE, OFFICER(S) OF THE ABOVE ORGANIZATION, VERIFY 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 Richard C. Spada Title: President Date 07-13-2012

Signature Donald C. Blayn Jr Title: Secretary Date 07-13-12





OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

COMMITTED TO FINANCE  
7212  
JUL 25 A 0

April 26, 2012

ILLINOIS STATE COUNCIL K. OF C. CHARITIES INC  
PO BOX 681  
KANKAKEE, IL 60901

Lisa Madigan  
ATTORNEY GENERAL

RE: Status of ILLINOIS STATE COUNCIL K. OF C. CHARITIES INC under the Illinois Charitable Laws **CO# 01008755**

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of ILLINOIS STATE COUNCIL K. OF C. CHARITIES INC under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01008755. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2011. 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

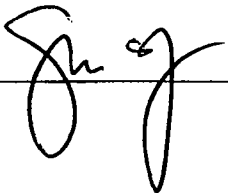
**COMMITTEE ON FINANCE CHARITABLE SOLICITATION  
TAG DAY REQUEST FORM AND ROUTE SHEET**

<b>PERMIT NUMBER:</b>	2012-28		
<b>GROUP NAME:</b>	Little City Foundation		
<b>ADDRESS:</b>	1760 W. Algonquin Road, Palatine, IL 60067		
<b>TELEPHONE NUMBER:</b>	847-358-5510		
<b>CONTACT PERSON:</b>	Edward J. Hockfield		
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012		
<b>SOLICITATION DATE:</b>	September 13-15, 2012		
<b>CITY COUNCIL DATE:</b>	September 12, 2012		
<b>COMPLETION OF FILE DATE:</b>			
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>			
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012		
<b>VIOLATION (S)</b>			
<b>COMMITTEE LETTER SENT:</b>			
<b>COMPLY RECEIVED:</b>			
<b>COMMENTS:</b>			



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

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

Signature  Title Executive Director Date 7/2/12

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.

Little City Foundation  
Name of organization

[Handwritten Signature]  
Signature of organization officer

7/2/12  
Date

# Little City Foundation Board Members

## Board of Directors

### OFFICERS

### Business

### Home

#### *President*

**Edward J. Hockfield**  
Andrea Hockfield

Time Tested Formulas, Inc.  
2429 RFD  
Long Grove, IL 60047-8344

2429 RFD  
Long Grove, IL 60047-8344  
Home Phone (847) 438-7411

#### *Executive Vice President & Treasurer*

**Matthew B. Schubert**  
Tina Schubert

Paramount Staffing  
1200 Shermer Rd Ste 300  
Northbrook, IL 60062-4552  
Business Phone (847) 559-0676

1529 Windy Hill Dr  
Northbrook, IL 60062-3833  
Home Phone (847) 498-4536

#### *Vice President*

**Dana Gerber Poncher**  
Kip Poncher

University of Illinois at Chicago  
715 S Wood  
Chicago, IL 60612  
Business Phone (312) 413-2960

15 Shenandoah Rd  
Deerfield, IL 60015-4430  
Home Phone (847) 914-9427

#### *Vice President*

**Douglas A. Wilson**  
Jennifer Wilson

Breakthrough Technologies, LLC  
1840 Oak Ave Ste 400  
Evanston, IL 60201-3612  
Business Phone (847) 864-0033

1129 Hackberry Rd  
Deerfield, IL 60015  
Home Phone (847) 914-9210

#### *Assistant Treasurer*

**Charles G. Fergus**  
Betty A. Fergus

Office of the Illinois Attorney General  
100 W Randolph 12th Fl  
Chicago, IL 60601  
Business Phone (312) 814-4714

9510 Overhill Ave  
Morton Grove, IL 60053-1018  
Home Phone (847) 967-0418

#### *Secretary*

**Daniel N. Luber**

590 Wharton Dr  
Lake Forest, IL 60045-4827  
Home Email [dluber402@gmail.com](mailto:dluber402@gmail.com)

#### *Assistant Secretary*

**Alex G. Alexandrou**  
Karen L. Alexandrou

City of Aurora  
44 E Downer Pl  
Aurora, IL 60505-3302  
Business Phone (630) 906-7444

640 Blackberry Ridge Dr  
Aurora, IL 60506-8900  
Home Phone (630) 907-2964





Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248560116  
Nov. 01, 2010 LTR 4168C E0  
36-2434562 000000 00

00019018

BODC: TE

LITTLE CITY FOUNDATION  
1760 W ALGONQUIN RD  
PALATINE IL 60067-4791

005151

Employer Identification Number: 36-2434562  
Person to Contact: MS. HARPER  
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your Oct. 21, 2010, 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 OCTOBER 1959.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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

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

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

Client#: 81239

LITTCIT2

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2012

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 <b>L. Price Team</b> <b>Mesirow Insurance Services</b> <b>353 N. Clark Street Suite 1200</b> <b>Chicago, IL 60654</b>	CONTACT NAME:	
	PHONE (A/C, No, Ext): <b>312 595-6200</b>	FAX (A/C, No):
INSURED <b>Little City Foundation</b> <b>1760 West Algonquin Road</b> <b>Palatine, IL 60067</b>	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: <b>Philadelphia Indemnity Insuranc</b>	NAIC # <b>18058</b>
	INSURER B: <b>First Nonprofit Companies</b>	
	INSURER C:	
	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 IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

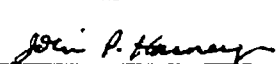
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		PHPK886811	07/01/2012	07/01/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPI/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS  UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PHPK886811	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WCT1203270	01/01/2012	01/01/2013	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$1,000,000 E L DISEASE - EA EMPLOYEE \$1,000,000 E L DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab		PHPK886811	07/01/2012	07/01/2013	\$1,000,000 Occurrence
A	Claims-Made		PHPK886811	07/01/2012	07/01/2013	\$3,000,000 Aggregate
A	Sexual Abuse		PHPK886811	07/01/2012	07/01/2013	\$1,000,000 Occur/Agg

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

Certificate issued as evidence of coverage.

## CERTIFICATE HOLDER

## CANCELLATION

City of Chicago 121 N. LaSalle Chicago, IL 60602	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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

<b>PERMIT NUMBER:</b>	2012-29		
<b>GROUP NAME:</b>	National Association of Letter Carriers		
<b>ADDRESS:</b>	3850 S. Wabash Avenue, Chicago, IL 60653		
<b>TELEPHONE NUMBER:</b>	773-624-4209		
<b>CONTACT PERSON:</b>	Mack I. Julion		
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012		
<b>SOLICITATION DATE:</b>	September 16, 2012		
<b>CITY COUNCIL DATE:</b>	September 12, 2012		
<b>COMPLETION OF FILE DATE:</b>			
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>			
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012		
<b>VIOLATION (S)</b>			
<b>COMMITTEE LETTER SENT:</b>			
<b>COMPLY RECEIVED:</b>			
<b>COMMENTS:</b>			

**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: CHARLES D. DUFFY, BR. NO. 11  
NATIONAL ASSOCIATION OF LETTER CARRIERS  
Address: 3850 SOUTH WABASH AVENUE  
CHICAGO, ILLINOIS 60653-1542  
Telephone Number: 773-624-4209
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:  

see Attached letterhead
3. List the date and approximate location(s) of solicitation:  
September 16, 2012 - VARIOUS LOCATIONS
4. Approximately how many persons will be engaged in the solicitation?  
Approx. 150
5. Explain the methods your organization will use to solicit funds:  
Ask for donations to the Muscular Dystrophy Association
6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?  
Yes, last year - 2011 (OCT. 2)
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.

COMMITTEE ON FINANCE  
SEP 11 2012

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 Vice-president Date 7/16/12

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

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

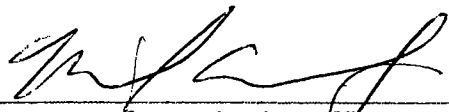


HOLD HARMLESS AGREEMENT

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.

N.A.L.C. BRANCH 11

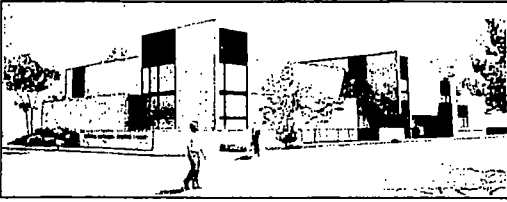
Name of organization



Signature of organization officer

7/16/12

Date



# National Association of Letter Carriers

AFFILIATED WITH AMERICAN FEDERATION OF LABOR & C.I.O.

**CHARLES D. DUFFY**  
**BRANCH NO. 11- CHICAGO**



Branch 11's Headquarters: James E. Worsham Bldg.

## OFFICERS

**MACK I. JULION**  
*PRESIDENT*

**MICHAEL CAREF**  
*VICE-PRESIDENT*

**ELISE M. FOSTER**  
*RECORDING SEC'Y.*

**JOHN A. HARDEN**  
*FINANCIAL SEC'Y./OWCP*

**STAFFORD PRICE, JR.**  
*TREASURER*

**PETER J. SKRZYPCZYNSKI**  
*ASSISTANT SEC'Y.-TREAS.*

**KAREN A. CESKA**  
*M.B.A. REPRESENTATIVE*

**YOLANDA R. GIPSON**  
*HEALTH BENEFIT REP*

**SHANA RAINEY**  
*SAFETY & HEALTH REP.*

## TRUSTEES

**GEOFFREY BROWN**

**JAMES WILLIAMS**

**AIDA AVILA**

## AUDITORS

**ANTIONE THIGPEN**

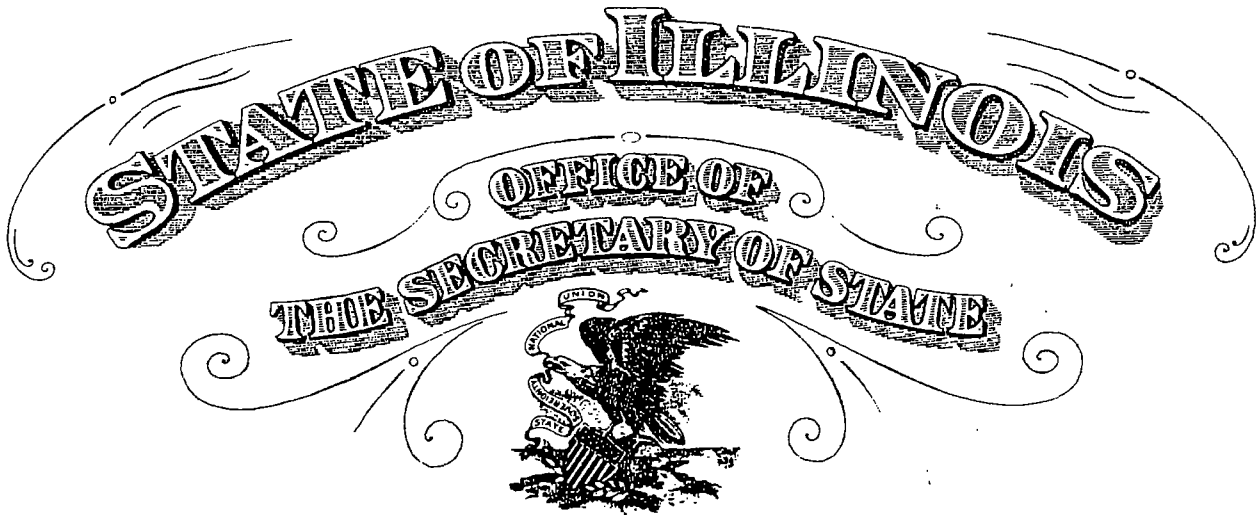
**DEBORA GIPSON**

**DARREN BROOKS**

*SGT. AT ARMS*

**JESSE REED**





*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

CHARLES D. DUFFY BRANCH # 11 NAT'L ASSOC. OF LETTER CARRIERS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 10, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 11TH day of MAY A.D. 2012*

*Jesse White*

Authentication #: 1213201428

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

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

<b>PERMIT NUMBER:</b>	2012-30		
<b>GROUP NAME:</b>	The Nature Conservancy		
<b>ADDRESS:</b>	4245 N. Fairfax Drive, Suite 100, Arlington, VA 22203		
<b>TELEPHONE NUMBER:</b>	703-841-5324		
<b>CONTACT PERSON:</b>	Philip Tabas		
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012		
<b>SOLICITATION DATE:</b>	September 17, 2012 through December 31, 2012		
<b>CITY COUNCIL DATE:</b>	September 12, 2012		
<b>COMPLETION OF FILE DATE:</b>			
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>			
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012		
<b>VIOLATION (S)</b>			
<b>COMMITTEE LETTER SENT:</b>			
<b>COMPLY RECEIVED:</b>			
<b>COMMENTS:</b>			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: *The Nature Conservancy*

Address: *4245 N Fairfax Dr., Ste 100 Arlington, VA 22203*

Telephone Number: *703.841.5324*

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

*Please see attached.*

*nicolehdave@gmail.com*

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

*From September 17- December 31 all around the city. We will be canvassing in the loop, the near south side and the north side.*

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

*8-10 people*

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

*Speaking to potential donors at busy locations by explaining the goal of the organization and any current objectives locally and globally.*

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

*We are registered in the State of Illinois - no previous applications with the City of Chicago.*

7. Include the following with your application:

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

B. A facsimile 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 LATER THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

I/WE, 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 Philip Tice Title Vice President Date 7/18/12

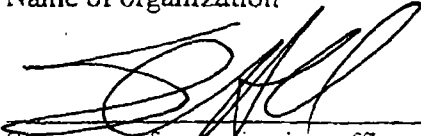
Signature [Signature] Title Vice President Date 8/13/12

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.

The Nature Conservancy

Name of organization



Signature of organization officer

8-13-12

Date



Chicago Permit

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

Philip Tabas  
VP, Gen. Counsel  
1319 N. Lynnbrook Dr.  
Arlington, VA 22201  
Telephone: (703) 841-4852

Stephen Howell  
Chief Financial & Admin. Officer  
3612 N. Abingdon Street  
Arlington, VA 22207-4333  
Telephone: (703) 841-5316



Empowering our clients to change the world

**Perlman+Perlman**  
ATTORNEYS AT LAW LLP

ARIZONA  
1855 W. Baseline Road, Suite 250  
Mesa, Arizona 85202-9012  
480|699.8270 phone  
480|699.8271 fax

February 14, 2012

Office of the Attorney General  
Charitable Trust and Solicitations Bureau  
100 West Randolph, 11<sup>th</sup> Floor  
Chicago, IL 60601-3175

**Re: The Nature Conservancy**  
**Registration Number: 01-008-582**

Dear Sir/Madam:

Enclosed, please find the following items for renewal registration with your office of the above referenced nonprofit organization:

- Completed Charitable Organization - Annual Report
- IRS 990 and Audited Financial Statement for the Fiscal Year Ended June 30, 2011
- List of Officers and Directors
- Response to Question #9
- \$15.00 Registration Fee

If you have any questions or should you require further information, please do not hesitate to contact me at the address above. Thank you.

Sincerely,

Imelda Knudsen  
Compliance Specialist

DO NOT DISCARD THIS PAGE



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**Perlman+Perlman**  
ATTORNEYS AT LAW LLP

ARIZONA  
1855 W. Baseline Road, Suite 250  
Mesa, Arizona 85202-9012  
480|699.8270 phone  
480|699.8271 fax

PLEASE RETURN TO:  
Imelda Knudsen

STATE REGISTRATION INSTRUCTIONS

Date: JANUARY 31, 2012

Client: THE NATURE CONSERVANCY

State: ILLINOIS

Activity: FUNDRAISING CAMPAIGN FORM

Form is/was due on: DECEMBER 31, 2011

Extension: FEBRUARY 28, 2012

\* \* \*

FORM MUST BE SIGNED BY:

- VP, ASST SECRETARY AND GENERAL COUNSEL
- CHIEF FINANCE AND ADMINISTRATIVE OFFICER
- OTHER OFFICER OF THE CHARITY
- SIGNATURE(S) MUST BE DATED
- SIGNATURE(S) MUST BE NOTARIZED

\* \* \*

Please attach a check\* for \$ 0 made payable to:

N/A

\* A check in the amount indicated above must be attached in order to process the application.

Additional information is needed:

N/A

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

1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? ----- 1
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? ----- 2.
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? ---- 3.
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, DEFICATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? ----- 10.

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

ATTACHED

ATTACHED

11. LIST THE NAME, ADDRESS AND THE ACCOUNT # OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

BANK OF AMERICA, 1111 E. MAIN ST., RICHMOND, VA 23219, ACCT #004112981822

\* The Nature Conservancy has programs and offices in every state and many foreign countries which maintain their own bank accounts and employ people appropriately authorized to sign checks on The Nature Conservancy's behalf. Please contact us if you need this additional information.

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: IMELDA KNUDSEN @ (480) 699-8270

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.

PHILIP TABAS, VP, ASST. SEC. & GENERAL COUNSEL Philip Tabas 2-10-12  
 PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

STEPHEN HOWELL, CHIEF FINANCE & ADMIN OFFICER [Signature] 2-10-12  
 TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

IMELDA KNUDSEN, COMPLIANCE SPECIALIST Imelda Knudsen 2/13/11  
 PREPARER (PRINT NAME) SIGNATURE DATE

**The Nature Conservancy**  
 4245 N. Fairfax Dr.-Suite 100, Arlington, VA 22203

Illinois: Response to Q. 6

Name/Address	Type	Date(s) of Contracts	Services Rendered	Other
Donald Campbell & Co. One East Wacker Dr. St. 3350 Chicago, IL 60601 312-896-8888	FRC	Contract - 1/29/2010-3/31/2011	provide consulting services for "Montana Legacy Project" \$119,300	
Paradysz Matera Co., Inc. 5 Hanover Sq. New York, NY 10005 917-438-4993	FRC	Contract - 2/19/2008-2/18/2011	list brokerage services Broker fees=\$17.10/1000 names Project fees=\$5000-15000	
Gift Strategies, LLC 1539 Fall River Ave., Ste 3, Seekonk, MA 02771 508-336-4544	FRC	Contract - 5/1/2011-6/23/2011	Review of Strategies Gifts Training materials \$30,750	
Russ Reld 2 North Lake Avenue Suite 600 Pasadena, California 91101	FRC	Contract - 3/11/11 - 12/31/2011	Develop, produce and launch ads to support DRTV program \$393,317 (estimated)	
Donor Services Group 11500 W.Olympic Blvd Suite 540 Los Angeles, CA 90064 310.788.9000	PFR	Contract - 2/1/2009-12/31/2011	telemarketing & cultivation Base fee-\$267,375; \$5.75/contact \$1340/concierge/mo \$55/hr; \$2000/mo consulting fee	
Fineline Solutions Inc. 290 Garry St. Winnipeg, MB R3C 1H3, Canada (204) 942-4242	PFR	Contract - 1/17/2011-7/31/2011	Sustainer call campaign	
		Amdt 1 - 8/1/2010	\$85/hr setup fee; \$28/call	
Schlax Sponsorship Marketing 375 Waverly Drive Mundelein, IL 60060	PFR	Contract - 6/25/2010 - 12/31/2010	Provide sponsorship consulting services \$35,000 fixed fee.	
		Amdt 1 - 12/1/2010-3/15/2011	Extension to original contract ONLY. Provide sponsorship consulting services \$35,000 fixed fee	

# REPORT OF INDIVIDUAL FUNDRAISING CAMPAIGN

**CHARITY:**

Name The Nature Conservancy Campaign Beginning July 1, 2010 and Ending December 31, 2010  
 Mailing Address 8 South Michigan Avenue CO# 01- 53-0242652  
 City, State, Zip Code Chicago Illinois 60603 Phone # 312-580-2100  
 Contact Person Tracy Thomas Title Sr. Donor Relations Manager Phone # 312-580-2169

**PROFESSIONAL FUND RAISER (PFR):**

Name Mary Carol Schlax PFR #02- 000996

NATURE OF FUNDRAISING ACTIVITY: Sponsorship support for Design for a Living World exhibit.

A. Total Amount Raised A. \$ 50,000.00

	PAID BY:	
	PFR	Charity
B. Expenses:		
1. Professional Fundraiser Fee .. 1.		29,200.00
2. Solicitor Compensation .. 2.		
3. Salaries .. 3.		
4. Printing .. 4.		
5. Postage .. 5.		
6. Telephone .. 6.		
7. Rent & Utilities .. 7.		
8. Supplies .. 8.		
9. Travel .. 9.		
10. .. 10.		
11. .. 11.		
12. .. 12.		
13. TOTAL EXPENSES (PFR + Charity) . 13.		29,800.00

payment is for a flat fee and only one donation has been received as a result of this work to date

\* payment made in FY 11

C. Total amount received by the charitable organization (after all expenses are paid) B. \$ 29,800.00  
 D. Percentage of Funds received by charity (Line C divided by line A) C. \$ 20,200.00  
D. % 40.4

E. Bank where funds are deposited? Bank of America 111 E. Main St. Richmond VA 23219

F. Who (charity or PFR) has signature control of the account(s) listed above? The Nature Conservancy

G. Are the expenses in B above actual expenses for this campaign? Yes  or No  If No, attach a schedule explaining in detail, how expenses are allocated between fundraising campaigns.

We the undersigned, declare and certify under perjury that we have examined this report, 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.

PFR CAMPAIGN MANAGER (Print Name) Mary Carol Schlax TITLE President

SIGNATURE Mary Carol Schlax DATE 2/10/11

OFFICER, DIRECTOR OF CHARITY (Print Name) Philip Tabas TITLE UP, Ass't Sec'y & Counsel Gen

SIGNATURE X Philip Tabas DATE 2/22/11

[Skip Navigation](#)



# ILLINOIS ATTORNEY GENERAL Lisa Madigan

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- [Preserving the Environment](#)
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- [Building Better Charities](#)
- [MathNet](#)

## Building Better Charities

### Charitable Database Search



#### NATURE CONSERVANCY

**Reg. Number:** 01008582  
**EIN:** 530242652  
**Reg. Date:** 06/22/1976  
**Address:** 4245 N. FAIRFAX DR.  
 SUITE 100  
 ARLINGTON VA 22203  
**County:** No county listed

Assets	Income	Fiscal Year
\$1,008,582.00	\$998,127,875.00	06/30/2011
\$2,147,483,647.00	\$925,817,441.00	06/30/2010
\$2,147,483,647.00	\$856,246,824.00	06/30/2009
\$2,147,483,647.00	\$1,398,742,000.00	06/30/2008
\$2,147,483,647.00	\$1,017,114,358.00	06/30/2007
\$2,147,483,647.00	\$1,010,373,984.00	06/30/2006
\$2,147,483,647.00	\$919,113,341.00	06/30/2005
\$2,147,483,647.00	\$733,106,079.00	06/30/2004
\$2,147,483,647.00	\$761,698,221.00	06/30/2003
\$2,147,483,647.00	\$731,893,471.00	06/30/2003



TNC  
Decal  
5" w x 3.25" h  
PMS 349 Green Ink  
White Opaque Cling Stock



Observation Time & Date \_\_\_\_\_

Office Phone # \_\_\_\_\_

**Grassroots Campaigns Canvassing Presentation on behalf of**

**The Nature Conservancy**

Greeting: Hi, how are you? (door)

Hi, \_\_\_\_\_? (street)

Intro: My name is \_\_\_\_\_ and I'm a paid fundraiser from Grassroots Campaigns working on behalf of The Nature Conservancy. We're working to protect the Appalachian Mountains, one of the world's most diverse habitats.

Problem: Located near some of the nation's largest cities, the Appalachians face dramatic pressures from development, deforestation, energy development and forest pests. By 2030, an estimated 44 million acres of forest will be lost to development.

Solution: So The Nature Conservancy is working to conserve the Appalachians now by protecting 1.7 million acres by buying and restoring land, promoting sustainable management, and fighting invasive species.

Urgency: Throughout the 90s, we lost 1 million acres of the Appalachians every year and at this point, it will either be developed or it will be protected. That's why we need your help.

Clipboard: Take a look at this. (Hand over clipboard)

Membership: The best way for you to help is by joining The Nature Conservancy as a regular, monthly contributor. Giving monthly keeps our costs low and gives us the ongoing support we need to keep protecting our environment. We suggest people join at the level of \$1 a day, or \$30 a month and it's really easy to sign up.

## About the Nature Conservancy:

- Founded in 1951.
- We have protected more than 119 million acres of land and 5,000 miles of rivers worldwide – and we operate more than 100 marine conservation projects globally.
- We have more than 1 million members
- We operate in all 50 states and in more than 30 countries.

## Why We Are Successful:

- We use a science-based approach-aided by more than 700 staff scientists.
- We pursue non-confrontational, pragmatic solutions to conservation challenges that can be addressed on a large scale.
- We partner – with local communities, businesses, governments, multilateral institutions and other nonprofits ... and people, such as yourself.





We bought 97,000 acres of the Baca Ranch in Colorado establishing the Great Sand Dunes National Park, a new Baca National Wildlife Refuge and adding land to the Rio Grande National Forest.



Working towards preserving the Heart of the Adirondacks, we purchased 161,000 acres in 2007, the single largest land purchase to date in New York



With the help of more than 35 partners, we bought 24,000 acres in Minnesota creating Glacial Ridge National Wildlife Refuge considered the largest tallgrass prairie and wetland preservation project in US history



Disney Wildlife Preserve, 12,000 acres of Northern Everglades, established to offset lands impacted by Walt Disney World is a national model of sustainable, state-of-the-art management thanks to our combined efforts



Connecticut's largest continuous preserve, Devil's Den spans 1,756 acres in Fairfield County, and hosts over 40,000 visitors a year. This is just a part of the 60,000 acres we are working to protect in the Saugatuck Forest Lands

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

<b>PERMIT NUMBER:</b>	2012-31		
<b>GROUP NAME:</b>	PLAN International		
<b>ADDRESS:</b>	155 Plan Way, Warwick, RI 02886		
<b>TELEPHONE NUMBER:</b>	401-738-5600		
<b>CONTACT PERSON:</b>	Tessie San Martin		
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012		
<b>SOLICITATION DATE:</b>	September 12, 2012 through December 31, 2012		
<b>CITY COUNCIL DATE:</b>	September 12, 2012		
<b>COMPLETION OF FILE DATE:</b>			
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>			
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012		
<b>VIOLATION (S)</b>			
<b>COMMITTEE LETTER SENT:</b>			
<b>COMPLY RECEIVED:</b>			
<b>COMMENTS:</b>			

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

*Makbika@PublicOutreachGroup.com*

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:

*September 12, 2012*  
Daily from ~~July 1, 2012~~ through December 31, 2012; various locations throughout Chicago

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

**10-15**

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

**Please see attached list**

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

**PLAN International has not previously applied for permit to solicit funds in the City of Chicago.**

7. Include the following with your application:

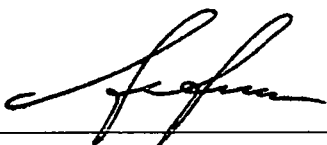
A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.

B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.

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

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

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

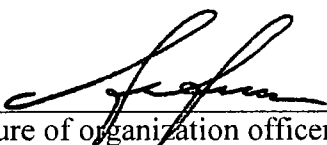
Signature  Title Chief marketing off Date 4/21/12

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

6/21/12  
Date



Q.2: Names, titles, addresses and phone numbers of officers:

Chairman:

President & CEO:

Chief Audit Executive:

General Counsel & Corporate Secretary:

Chief Financial Officer:

**See Attached**



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. John McGeehan, Chief Operating Officer
4. Scott Schroeder, Chief Marketing Officer
5. Chip Carter, Chief Information Officer
6. Carol Donnelly, Vice President of Human Resources
7. Christine Sow, Vice President, Institutional Programs

Mailing address and telephone number:

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

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

Rev 07-01-11

Q. 5: 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.



**Promising Futures,  
Community by Community**

**Plan**

## **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.

Skip Navigation



ILLINOIS ATTORNEY GENERAL **Lisa Madigan**

[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

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Ensuring Open and Honest Government	
<b>Building Better Charities</b>	
MethNet	

## Building Better Charities

### Charitable Database 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
\$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

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 # 01003858

Report for the Fiscal Period:

Beginning 7 / 1 / 2010

& Ending 6 / 30 / 2011

Make Checks Payable to the Illinois Charity Bureau Fund

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

Federal ID # 13-5661832

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 7 / 13 / 1939

LEGAL NAME <b>Plan International USA, Inc.</b>	Year-end amounts	
MAIL ADDRESS <b>155 Plan Way</b>	A) ASSETS	A) \$ <b>50,962,105.00</b>
CITY, STATE <b>Warwick, RI 02886-1099</b>	B) LIABILITIES	B) \$ <b>2,086,085.00</b>
ZIP CODE	C) NET ASSETS	C) \$ <b>48,876,020.00</b>

**I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:**

	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	%	D) \$ <b>68,514,357.00</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$ <b>18,601,861.00</b>
F) OTHER REVENUES	%	F) \$ <b>1,264,089.00</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ <b>88,380,307.00</b>

**II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:**

H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$ <b>49,682,966.00</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$ <b>0.00</b>
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$ <b>49,682,966.00</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$ <b>45,550,627.00</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$ <b>95,233,593.00</b>
M) MANAGEMENT AND GENERAL EXPENSE	%	M) \$ <b>7,172,855.00</b>
N) FUNDRAISING EXPENSE	%	N) \$ <b>7,602,399.00</b>
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ <b>110,008,847.00</b>

**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) \$ <b>251,827.00</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$ <b>1,127,365.56</b>
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ <b>- 875,538.56</b>

**PROFESSIONAL FUNDRAISING CONSULTANTS:**

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ <b>293,796.00</b>
--	--	-------------------------

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

T) NAME, TITLE: <b>John McGeehan</b> Chief Operating Officer	T) \$ <b>181,379.00</b>
U) NAME, TITLE: <b>Scott Schroeder</b> Chief Marketing Officer	U) \$ <b>177,870.00</b>
V) NAME, TITLE: <b>Audrey Bracey Deegan</b> Former Interim Pres./CEO	V) \$ <b>170,830.00</b>

**V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES**

DESCRIPTION	W) #	AMOUNT
W) DESCRIPTION: <b>Program and Technical Support</b>	W) #	<b>115</b>
X) DESCRIPTION: <b>Development Education</b>	X) #	<b>300</b>
Y) DESCRIPTION: <b>Advocacy Programs</b>	Y) #	<b>012</b>

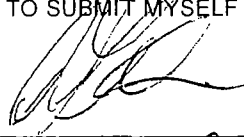
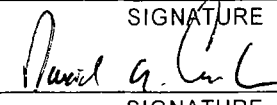
**IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:**

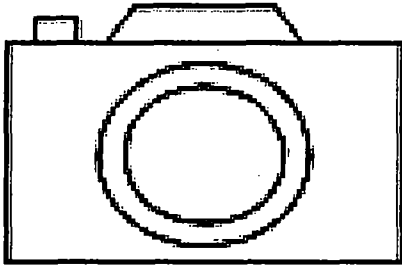
	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? ----- 1.		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? ----- 2.		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? ----- 3		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? ----- 4.		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ----- 5.		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) ___ 6	X	
7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ----- 7.		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? ----- 8		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ----- 9.		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBÉ, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? ----- 10		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  <u>Bank of America, 10 North Main Street, Fall River, MA 02720</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.

<u>A, Teresa "Tessie" (Gutierrez) San Martin</u>		<u>12/2/11</u>
PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<u>David A. Cannata</u>		<u>12/1/2011</u>
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
<u>Copilevitz &amp; Canter, LLC</u>		
PREPARER (PRINT NAME)	SIGNATURE	DATE



Name



**Plan**

to change  
the world

155 Plan Way Warwick, RI 02879 1-800-556-7918  
[planusa.org/flf](http://planusa.org/flf)



**Public**  
Service Fund

We cannot accept  
cash donations



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

<b>PERMIT NUMBER:</b>	2012-32	
<b>GROUP NAME:</b>	Salute, Inc.	
<b>ADDRESS:</b>	14 N. Bothwell, Palatine, IL 60067	
<b>TELEPHONE NUMBER:</b>	847-359-8811	
<b>CONTACT PERSON:</b>	Tom Hoskinson	
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012	
<b>SOLICITATION DATE:</b>	September 14, 2012	
<b>CITY COUNCIL DATE:</b>	September 12, 2012	
<b>COMPLETION OF FILE DATE:</b>		
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>		
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012	
<b>VIOLATION (S)</b>		
<b>COMMITTEE LETTER SENT:</b>		
<b>COMPLY RECEIVED:</b>		
<b>COMMENTS:</b>		

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

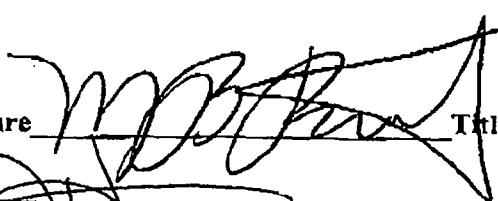

1. Name of organization: **SALUTE INC.**  
Address: **14 N. BOTHWELL PALATINE IL 60067**  
Telephone Number: **(847) 359-8811**
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:  

*thoskins@montprospect.org*

**TOM HOSKINSON 5605 N. OTTAWA CHICAGO, IL**  
**847-877-2821 BOARD MEMBER**  
**MARYBETH BEIERSDORF 2615 N DOUGLAS ARLINGTON HTS, IL**  
**847-343-8330 EXECUTIVE DIRECTOR**
3. List the date and approximate location(s) of solicitation:  
**14 SEPI2 MILWAUKEE / IRVING AND OTHERS IF**  
**ADDITIONAL VOLUNTEERS ARE FOUND**
4. Approximately how many persons will be engaged in the solicitation?  
**12**
5. Explain the methods your organization will use to solicit funds:  
**TAG DAY. HAND OUT JELLY BELLY**  
**CANDY AND REQUEST DONATIONS**
6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?  
**NO -**
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.  
**SEE ATTACHED LETTER**

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

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

Signature  Title Executive Director Date 8/9/2012  
Signature  Title H3 COORDINATOR  
TOM HOSKINSON Title BOARDMEMBER Date 9 AUG-12

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.

Salute Inc.  
Name of organization

Mary Beth Brant  
Signature of organization officer

8 / 9 / 2012  
Date

#7 B  
TICKET  
FOR  
DISTRIBUTION



#7A



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

July 19, 2012

SALUTE, INC  
14 N BOTHWELL ST  
PALATINE, IL 60067

Lisa Madigan  
ATTORNEY GENERAL

RE: RE: Status of SALUTE, INC under the Illinois Charitable Laws CO# 01052465

Dear Registrant:

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

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01052465. It is current in the filing of its financial reports, having filed its report for the period ended March 31, 2011. 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**

<b>PERMIT NUMBER:</b>	2012-33		
<b>GROUP NAME:</b>	St. Mary of Providence		
<b>ADDRESS:</b>	4200 N. Austin Avenue, Chicago, IL 60634		
<b>TELEPHONE NUMBER:</b>	773-545-8300		
<b>CONTACT PERSON:</b>	Sr. Florine Licavoli		
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	July 25, 2012		
<b>SOLICITATION DATE:</b>	September 6-8, 2012		
<b>CITY COUNCIL DATE:</b>	September 12, 2012		
<b>COMPLETION OF FILE DATE:</b>			
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>			
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012		
<b>VIOLATION (S)</b>			
<b>COMMITTEE LETTER SENT:</b>			
<b>COMPLY RECEIVED:</b>			
<b>COMMENTS:</b>			

**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:** St. Mary of Providence

**Address:** 4200 N. Austin Ave.  
Chicago, IL 60634

**Telephone Number:** 773-545-8300

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

Laura Garrity, President  
4433 N. Mason  
Chicago, IL 60630  
773-383-3414

Sr. Patricia McCafferty,  
Vice President  
St. Mary of Providence  
4200 N. Austin Ave.  
Chicago, IL 60634  
773-545-8300

Sr. Florine Licavoli  
Treasurer  
St. Mary of Providence  
4200 N. Austin Ave.  
Chicago, IL 60634  
773-545-8300

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

September 6-8, 2012

Downtown Area: DAley Center, Michigan Ave., St. Peters and different locations

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

20-25

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

Our volunteers will stand at designated stes with cans to solicit donations and in return give the individuals a Have-A-Heart tag.

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

Yes, since 1995

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 Laura Garrity Title President Date 07-06-12

\* Signature A. Catherine McLaughlin Title Vice - President Date 6/6/12

Signature A. Florine Linn Title Secretary Date 6/6/12



## Illinois Department of Revenue

Office of Local Government Services  
Sales Tax Exemption Section, 3-520  
101 W. Jefferson Street  
Springfield, Illinois 62702  
217 782-8881

October 28, 2011

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
FRIENDS OF ST MARY OF PROVIDENCE  
WILLIAM RYAN  
4200 N AUSTIN AVE  
CHICAGO IL 60634

We have received your recent letter; and based on the information you furnished, we believe

FRIENDS OF ST MARY OF PROVIDENCE  
of  
CHICAGO, IL

is organized and operated exclusively for charitable purposes.

Consequently, sales of any kind to this organization are exempt from the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9927-4523-01. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on November 1, 2016, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services  
Illinois Department of Revenue

**Internal Revenue Service**  
**P.O. Box 2508**  
**Cincinnati, OH 45201**

**Department of the Treasury**

**Date: June 27, 2012**

**Person to Contact:**

Roger Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

**Employer Identification Number:**

53-0196617

**Group Exemption Number:**

0928

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your June 26, 2012, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i)

With your request, you provided a copy of the *Official Catholic Directory for 2012*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2012* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

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

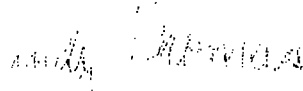
Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Cindy Thomas".

Cindy Thomas  
Manager, Exempt Organizations  
Determinations



The Official  
Catalogue of the University  
of Michigan  
Ann Arbor  
2012





*St Mary of Providence*

**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.

St. Mary of Providence

\_\_\_\_\_  
Name of organization

*Laura Garity*

\_\_\_\_\_  
Signature of organization officer

*07-06-12*

\_\_\_\_\_  
Date







555 College Road East, Princeton, New Jersey 08543-5241 Phone: (800) 305-4954

**POLICY NUMBER:** G2-A3-EX-0000019-06 **GENERAL LIABILITY**  
**NAMED INSURED:** The Religious and Charitable Risk Pooling Trust  
 Of the Brothers of the Christian Schools and Affiliates  
**COVERAGE TERM:** 6/15/2012 to 06/15/2013

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
 SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under SECTION II INSURING AGREEMENT C, GENERAL LIABILITY COVERAGE defined within the Coverage Agreement.

**SECTION I: Schedule**

**Name of Additional Insured Person(s)  
 Or Organization(s):**  
 ANY PERSON OR ORGANIZATION WHEN YOU HAVE  
 AGREED IN A WRITTEN CONTRACT FOR THAT  
 PERSON OR ORGANIZATION TO BE ADDED AS AN  
 ADDITIONAL INSURED ON YOUR POLICY.

**Designated Location(s) Of Covered  
 Operations**

If no entry appears above, information required to complete this endorsement will be shown in the Certificate of Coverage as applicable to this endorsement.

**Section II Insuring Agreement C -Name of Insured Amended**

- A. **Who Is An Insured** defined in the General Insurance Agreement is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability in the performance of the Named Insured's ongoing operations for the Additional Insured(s) at the Location(s) designated in the Schedule above for "bodily injury" or "property damage", caused in whole or in part, by the Named Insured's acts or omissions which takes place after the execution of a written agreement with the Additional Insured(s).
- B. For the coverage provided by this endorsement: the following paragraph is added to Section IV - General Conditions, Section II, Insuring Agreement C - General Liability.

This insurance is primary insurance as respects to this coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and noncontributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.

- C. **Who Is An Insured** is also amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by the "Named Insured's work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

**Section III**

All Other terms and conditions of the Insuring Agreement remain unchanged.

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

<b>PERMIT NUMBER:</b>	2012-34		
<b>GROUP NAME:</b>	Kiwanis Clubs of Chicago		
<b>ADDRESS:</b>	6963 W. Balmoral, Chicago, IL 60656		
<b>TELEPHONE NUMBER:</b>	773-545-8300		
<b>CONTACT PERSON:</b>	Sharon Hoff		
<b>DATE WRITTEN REQUEST WAS RECEIVED:</b>	August 27, 2012		
<b>SOLICITATION DATE:</b>	September 27-29, 2012		
<b>CITY COUNCIL DATE:</b>	September 12, 2012		
<b>COMPLETION OF FILE DATE:</b>			
<b>STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:</b>			
<b>DATE PERMIT LETTER WAS SENT TO ORGANIZATION:</b>	September 12, 2012		
<b>VIOLATION (S)</b>			
<b>COMMITTEE LETTER SENT:</b>			
<b>COMPLY RECEIVED:</b>			
<b>COMMENTS:</b>			

**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: **KIWANIS CLUBS OF CHICAGO**  
Address: **6963 W BALMORAL AVE CHICAGO IL 60656-2007**  
Telephone Number: **973-206-4633**
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:  
**SHARON A. HOFF, PRESIDENT, 6963 W. BALMORAL AVE CHICAGO IL 60656**  
**ANTHONY MORIZZO, V.P. 7 WESTLAKE, BARRINGTON, IL**  
**JOHN J. MALONE, TREASURER, 5418 N. LYNCH AVE CHICAGO IL**
3. List the date and approximate location(s) of solicitation:  
**CITY WIDE 9/28-29-30/2012**
4. Approximately how many persons will be engaged in the solicitation?  
**50**
5. Explain the methods your organization will use to solicit funds:  
**SCHOLARSHIPS TO LOCAL H.S. + GRADE SCHOOLS .**  
**SPASTIC PARALYSIS RESEARCH.**
6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?  
**YES - EVERY YEAR (9-23-11 THROUGH 9-24-11)**  
**PERMIT # 2011-35**
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.

**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.

KIWANIS INTERNATIONAL  
Name of organization

Sharon A Hoff President  
Signature of organization officer

8-24-2012  
Date

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 Sharon A Zeff Title President Date 8/24/12

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

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



**ENDORSEMENT #**

This endorsement, effective 12:01 AM, 11/1/11

Forms a part of policy no.: 013136005

Issued to: KIWANIS INTERNATIONAL, INC.

By: LEXINGTON INSURANCE COMPANY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED REQUIRED BY ORAL AND IMPLIED CONTRACT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY POLICY, COVERAGE APPLICABLE TO COVERAGE  
A. BODILY INJURY AND PROPERTY DAMAGE (SECTION I – COVERAGES) ONLY**

- A. Section II – Who Is An Insured** is amended to include any person or organization you are required to include as an additional insured on this policy by a oral or implied contract in effect during this policy period and executed prior to the "occurrence" of the "bodily injury" or "property damage."
- B.** The insurance provided to the above described additional insured under this endorsement is limited as follows:
1. **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE (Section I – Coverages) only.**
  2. The person or organization is only an additional insured with respect to liability arising out of "your work" or "your product".
  3. In the event that the Limits of Insurance provided by this policy exceed the Limits of Insurance required by the oral or implied contract, the insurance provided by this endorsement shall be limited to the Limits of Insurance required by the oral or implied. This endorsement shall not increase the Limits of Insurance shown in the Declarations pertaining to the coverage provided herein.
  4. The insurance provided to such an additional insured does not apply to "bodily injury" or "property damage" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services, including, but not limited to:
    - i. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and
    - ii. Supervisory, inspection, architectural, or engineering activities.
  5. This insurance does not apply to "bodily injury" or "property damage" arising out of "your work" or "your product" included in the "product-completed operations hazard" unless you are required to provide such coverage by oral or implied contract and then only for the period of time required by the oral or implied contract and in no event beyond the expiration date of the policy.



6. Any coverage provided by this endorsement to an additional insured shall be excess over any other valid and collectible insurance available to the additional insured whether primary, excess, contingent or on any other basis.
- C. In accordance with the terms and conditions of the policy and as more fully explained in the policy, as soon as practicable, each additional insured must give us prompt notice of any "occurrence" which may result in a claim, forward all legal papers to us, cooperate in the defense of any actions, and otherwise comply with all of the policy's terms and conditions. Failure to comply with this provision may, at our option, result in the claim or "suit" being denied.

*David J. Brennan*

Authorized Representative OR  
Countersignature (In states where applicable)