



Office of Chicago City Clerk



Or2011-426

Office of the City Clerk

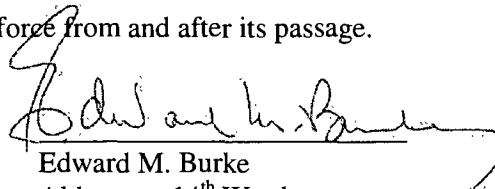
City Council Document Tracking Sheet

Meeting Date:	4/13/2011
Sponsor(s):	Burke, Edward (14)
Type:	Order
Title:	Tag Day permits
Committee(s) Assignment:	Committee on Finance

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

- A. Misericordia Heart of Mercy Home
April 22-24, 2011
Citywide
- B. Park Lawn Association, Inc.
April 15-16, 2011
April 22-23, 2011
Citywide
- C. The Salvation Army
June 3-4, 2011
Citywide
- D. The Salvation Army
November 18, 2011 through December 14, 2011
Citywide
- E. BrightStar of Chicago
March 26, 2011
Citywide
- F. Veterans of Foreign Wars, Mont Clare-Leyden Post 1284 & Ladies
Auxiliary
May 27-29, 2011
Citywide
- G. Blue Island Citizens for Persons with Developmental Disabilities
(d/b/a Blue Cap)
September 30, 2011 through October 1, 2011
Citywide
- H. Chicago and Greater Metropolitan Area Have-A-Heart Charities
September 8-10, 2011
Citywide

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



Edward M. Burke
Alderman, 14th Ward

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

PERMIT NUMBER:	2011-06		
GROUP NAME:	Misericordia Heart of Mercy Home		
ADDRESS:	6300 N. Ridge Road, Chicago, IL 60660		
TELEPHONE NUMBER:	773-973-6300		
CONTACT PERSON:	Sister Rosemary Connelly		
DATE WRITTEN REQUEST WAS RECEIVED:	March 10, 2011		
SOLICITATION DATE:	April 22-24, 2011		
CITY COUNCIL DATE:	April 13, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 14, 2011		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: *Misericordia Heart of Mercy*
Address: *6300 N. Ridge Chicago*
Telephone Number: *773-273-4160*
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:
SISTER ROSEMARY CONNELLY, Ex. Director
LOIS GATES, Asst. Ex. Director
Kevin Connolly, Chief Financial Officer
FR. JACK CLAIR, Asst. Ex. Director
3. List the date and approximate location(s) of solicitation:
April 22, 23 & 24, 2011 - Citywide
4. Approximately how many persons will be engaged in the solicitation?
500 people
5. Explain the methods your organization will use to solicit funds:
Misericordia Caring DAYS
Solicit money in exchange for Candy on Street Corners
6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?
Yes, for the past 25 years
7. Include the following with your application:
A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.
8. Please include any other relevant information which would assist the Committee on Finance in reviewing this application.

for 9/15/11

not checked 9/17/11

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 Lori C. Gator Title Asst Exec Director Date 2/15/11

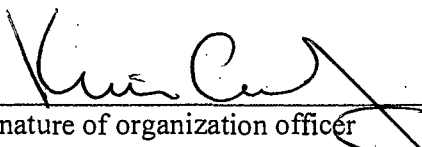
Signature Robert J. Law Title Asst Exec Dir Date 2-15-11

Signature Vince Title Asst Exec Dir Date 2-15-11

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.

Misericordia Heart of Mercy
Name of organization


Signature of organization officer

2-15-2011
Date

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

PERMIT NUMBER:	2011-07		
GROUP NAME:	Park Lawn Association, Inc.		
ADDRESS:	10833 LaPorte Ave., Oak Lawn, IL 60453		
TELEPHONE NUMBER:	708-425-6867		
CONTACT PERSON:	Kristen Bonk		
DATE WRITTEN REQUEST WAS RECEIVED:	March 10, 2011		
SOLICITATION DATE:	April 15-16, 2011		
	April 22-23, 2011		
CITY COUNCIL DATE:	April 13, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 14, 2011		
<u>VIOLATION (S)</u>			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: **Park Lawn Association, Inc.**

Address:

10833 LaPorte Ave

Oak Lawn, IL 60453

Telephone Number:

708-425-6867

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

Kristen Bonk, Marketing and Volunteer Manager, 10833 LaPorte Ave., Oak Lawn, IL 60453, 708-425-6867

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

April 15th / 16th and April 22nd / 23rd, 2011
Southside of Chicago

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

Approximately 100 People.

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

Our volunteers will wear bright orange reflective safety vest with Park Lawn's logo on the front and back, they will have a bucket with a Park Lawn logo on it to collect the donations, they will provide individually wrapped pieces of candy to the donors and a rear view mirror tag with information of Park Lawn on it.

6. Was your organization ever allowed to solicit funds in prior years in the City of Chicago? If so, when? **Yes, 2010**

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.

Park Lawn's mission is to provide services that promote independence, choice and access to community living for people with developmental disabilities.

Our Tag Day event scheduled April 15th / 16th and April 22nd / 23rd is one of our most successful events because it allows all of our supporters to inform the Chicago land area about the capabilities that individuals with developmental disabilities can display when provided resources through Park Lawn. It is a low expensed fundraiser with a lot of rewards.

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 Nancy Schmitz Title Director of Development Date 2/24/11

Signature Kristen Paul Title Marketing & Public Affairs Manager Date 2-24-11

Signature _____ Title _____ Date _____

HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Park Lawn Association
Name of organization

Kristen Bonk
Signature of organization officer

Date 02-24-2011

File Number

3539-318-8



To all to whom these Presents Shall Come, Greeting:

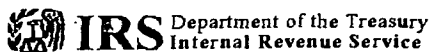
I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PARK LAWN ASSOCIATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 25, 1955, 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 25TH
day of FEBRUARY A.D. 2011

Jesse White



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164828
Feb. 08, 2011 LTR 4168C EO
36-2406623 000000 00

00013612
BODC: TE

PARK LAWN ASSOCIATION INC
10833 LAPORTE AVE
OAK LAWN IL 60453-5412

1613

Employer Identification Number: 36-2406623
Person to Contact: Tonya Morris
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 28, 2011, request for information regarding your tax-exempt status.

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

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

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

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

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

PERMIT NUMBER:	2011-08		
GROUP NAME:	The Salvation Army		
ADDRESS:	5040 N. Pulaski , Chicago, IL 60630		
TELEPHONE NUMBER:	773-725-1100		
CONTACT PERSON:	David Magnuson		
DATE WRITTEN REQUEST WAS RECEIVED:	March 10, 2011		
SOLICITATION DATE:	June 3-4, 2011		
CITY COUNCIL DATE:	April 13, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 14, 2011		
<u>VIOLATION (S)</u>			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

L Name of organization: The Salvation Army, Metropolitan Division
Address: 5040 North Pulaski Road, Chicago IL 60630
Telephone Number: (773) 725-1100

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

David Magnuson - Senior Executive Director of Development
Deborah Terrell - Director of Corporate Relations
Leslie Switt - Kettle Campaign Administrator
5040 N. Pulaski Road, Chicago IL 60630 (773) 205-

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

Friday, June 3rd - Saturday, June 4th, 2011 - throughout entire city
Spring Hunger Campaign: Donor Days

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

TBD

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

Side walk Solicitation using volunteers and donation boxes

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

Yes - every year, twice each year since 1937.

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.

The Salvation Army, Metropolitan Division
Name of organization

David B. Magnuson
Signature of organization officer

2/15/11
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 David B. Magnuson Title Exec. Dir. of Development Date 2/15/11

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Internal Revenue Service

Department of the Treasury

RECEIVED

District
Director

10 MetroTech Center
625 Fulton St., Brooklyn, NY 11201

JUL 13 1995

LEGAL
DEPARTMENT

Date:

JUN 28 1995

Savlaton Army &
Its Components
440 West Nyack Road
West Nyack, NY
10994-1740

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 13-5562351

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Salvation Army & Its Components.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Salvation Army & Its Components

Date of Exemption Letter: June 1933

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Internal Revenue Code.

RECEIVED

METROPOLITAN DIVISION

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

PERMIT NUMBER:	2011-09		
GROUP NAME:	The Salvation Army		
ADDRESS:	5040 N. Pulaski , Chicago, IL 60630		
TELEPHONE NUMBER:	773-725-1100		
CONTACT PERSON:	David Magnuson		
DATE WRITTEN REQUEST WAS RECEIVED:	March 10, 2011		
SOLICITATION DATE:	November 18, 2011 through December 14, 2011		
CITY COUNCIL DATE:	April 13, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 14, 2011		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: The Salvation Army, Metropolitan Division

Address: 5040 North Pulaski Road
Chicago, IL 60630

Telephone Number: (773) 725-1100

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

David Magnuson - Senior Executive Director of Development
Deborah Tenell - Corporate Relations Director
Leslie Scott - Kettle Campaign Administrator
* 5040 N. Pulaski, Chicago IL 60630

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

Red Kettle Campaign: Throughout entire city of Chicago

11-18-2011 through 12-24-2011

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

TBB

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

Side walk Solicitation using Volunteers

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

Yes, every year, twice each year
Since 1937. Since

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.

* Nothing disbursed

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.

The Salvation Army, Metropolitan Division
Name of organization

Daniel B. Magnuson
Signature of organization officer

2/15/11
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 Daniel B. Magnuson Title Executive Dir. of Development Date 2/15/11

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

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

PERMIT NUMBER:	2011-10		
GROUP NAME:	BrightStar of Chicago		
ADDRESS:	430 W. Erie, Suite 403, Chicago, IL 60654		
TELEPHONE NUMBER:	312-382-8888		
CONTACT PERSON:	Cheri McEssy		
DATE WRITTEN REQUEST WAS RECEIVED:	February 22, 2011		
SOLICITATION DATE:	March 26, 2011		
CITY COUNCIL DATE:	April 13, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 14, 2011		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

1. **Name of Organization:** CMC Ventures, LLC doing business as BrightStar of Chicago
Address: 430 W. Erie Street, Suite 403, Chicago, IL 60654
Telephone Number: 312.382.8888

Name of Organization: Alzheimer's Association, Greater Illinois Chapter
Address: 8430 W. Bryn Mawr Avenue, Suite 800, Chicago, IL 60631
Telephone Number: 847.993.2413

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

CMC Ventures, LLC

Name: Cheri McEssy, President and Owner

Residence Address: 1301 W. Ohio Street, Chicago, IL 60642

Telephone: 312.203.6901

cmcessy@brightstarcare.com

Alzheimer's Association, Greater Illinois Chapter

Name: Douglas Adolph, Senior Manager of Special Events

Residence Address: 8430 W. Bryn Mawr Avenue, Suite 800, Chicago, IL 60631

Telephone: 847.779.6953

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

City wide on March 26, 2011

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

4-5 persons

5. **Explain the methods you organization will use the solicit funds**

We will ask for a donation to the Alzheimer's Association. We will provide donated coffee regardless of whether or not a donation is given.

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

Yes, CMC Ventures, LLC was granted a Tag Day permit on December 14, 2010, January 4, 2011, and January 16, 2011.

Yes, Alzheimer's Association, Greater Illinois Chapter solicits each spring for our Tag Days

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.**



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

March 21, 2008

ALZHEIMERS DISEASE & RELATED DISORDERS ASSN
CHICAGO AREA CHAPTER
8430 W BRYN MAWR STE 800
CHICAGO IL 60631

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

ALZHEIMERS DISEASE & RELATED DISORDERS ASSN
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: E9983-6394-05. 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.

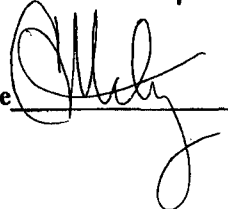
This exemption will expire on November 1, 2011, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services
Illinois Department of Revenue

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 Sr. Manager, Date 11/24/10
Alzheimer's Association

Signature  Title President Date 02-15-11

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.

BrightStar of Chicago
Name of organization

[Signature]
Signature of organization officer

02-15-11
Date

CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

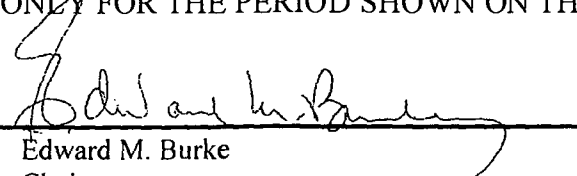
NAME OF ORGANIZATION: **BrightStar of Chicago**

ADDRESS OF ORGANIZATION: **430 W. Erie
Suite 403
Chicago, IL 60654**

DATE(S) OF SOLICITATION: **January 16, 2011**

PLACE(S) OF SOLICITATION: **Citywide**

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.



Edward M. Burke
Chairman
Committee on Finance

CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

NAME OF ORGANIZATION: **BrightStar of Chicago**

ADDRESS OF ORGANIZATION: **430 W. Erie
Suite 403
Chicago, IL 60654**

DATE(S) OF SOLICITATION: **December 14, 2010
January 4, 2011**

PLACE(S) OF SOLICITATION: **Citywide**

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

Edward M. Burke
Chairman
Committee on Finance

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

PERMIT NUMBER:	2011-11		
GROUP NAME:	Veterans of Foreign Wars, Mont Clare-Leyden Post 1284 & Ladies Auxiliary		
ADDRESS:	6940 W. Diversey, Chicago, IL 60707		
TELEPHONE NUMBER:	773-385-8269		
CONTACT PERSON:	Commander Anthony Kosik		
DATE WRITTEN REQUEST WAS RECEIVED:	March 10, 2011		
SOLICITATION DATE:	May 26-28, 2011		
CITY COUNCIL DATE:	April 13, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 14, 2011		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: Mont Clare Leyden Post 1284 & Ladies Auxiliary, V.

Address: 6940 W. Diversey Avenue
Chicago, IL 60707-7125

Telephone Number: 773-385-8269

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

Commander Anthony Kosik, 6940 W. Diversey, Chgo, IL 773-385-8269
Chairman, Sonny Bertolino, 6940 W. Diversey Ave. Chgo, IL "
Treas. Bill Covington, 6940 W. Diversey Ave. Chgo, IL "
Ed Golembiewski, 6940 W. Diversey, Chgo, IL 60707 "
Surgeon, Dr. Rich Ryba, 6940 W. Diversey, Chgo, IL "

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

Thursday, May 26, 2011 6am to 6PM) Roosevelt Rd. North to Howard
Friday, May 27, 2011 6am to 6PM) Lake Shore West to Harle
Saturday May 28, 2011 6am to 1PM)

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

Possibly 7 to 15 Post & Auxiliary Members

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

We will be standing on street corners with Poppy cans.

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

Yes, May 27-29, 2010 see attached copy of Permit

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. N/A

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.

Both Members and Auxiliary will wear their VFW Caps

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 Anthony C. Hook Title Commander Date 3/11/11


Signature Samy [Signature] Title Chairman Date 3/11/11

Signature Will [Signature] Title Treasurer Date 3/11/11

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.

Nont Clare Leyden Post 1284 & Ladies Auxiliary
Name of organization


Commander Anthony C. Kosik
Signature of organization officer

March 11, 2011
Date

Internal Revenue Service

District
Director

VETERANS OF FOREIGN WARS
DEPARTMENT OF ILLINOIS
GROUP RETURN
PO BOX 4267
SPRINGFIELD, ILLINOIS 62708-4267

Department of the Treasury

Person to Contact: S. O'Neal

Telephone Number: 312-886-6532

Refer Reply to: 98-0376

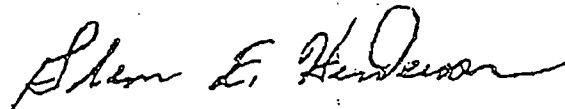
Date: June 5, 1998

RE: GROUP EXEMPTION
EIN: 37-6059313

This letter is to verify exemption under IRC 501(c)(19).

Our records indicate that a group ruling letter was issued to Veterans of Foreign Wars Department of Illinois and its named subordinate organizations in May, 1964 under Group Ruling Number 1661. Normally a parent organization that is covered by a group ruling will automatically add new or additional subordinate units to the group ruling. We suggest that you contact your parent organization for guidance in this matter. If you want a copy of the exemption letter, please contact your parent organization.

Sincerely yours,



Glenn E. Henderson
District Director

DEPARTMENT OF ILLINOIS VETERANS OF

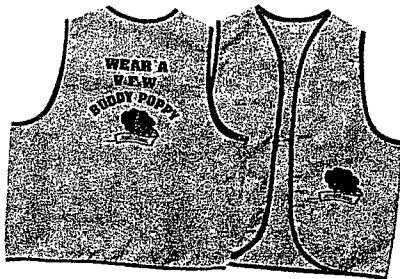
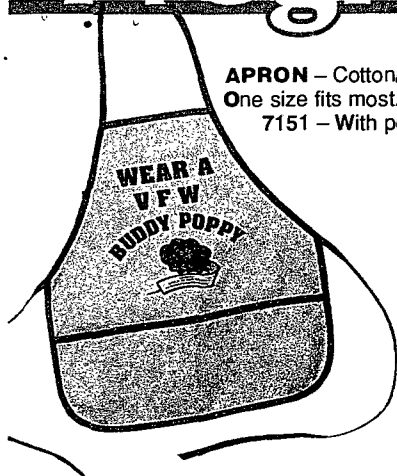
If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

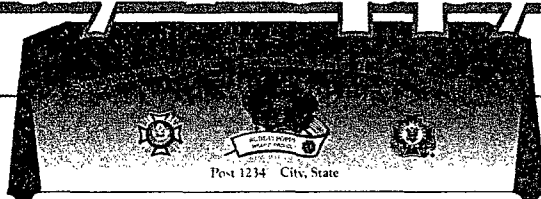
A handwritten signature in dark ink, appearing to read "R. S. Wintrode, Jr.", with a stylized flourish at the end. The signature is written over a horizontal line.

R. S. Wintrode, Jr.
District Director

APRON – Cotton/polyester. Gold with navy trim.
One size fits most.
7151 – With pockets \$15.95



NEW



"NEW" BUDDY POPPY TABLE COVER – 6' or 8' Table
Drape 100% Polyester, digitally printed table drape. 3-sided, with
10" drop on back side. Machine washable, dry on low heat;
flame retardant. Personalize with post information or other text.
3483 -6' . . . \$160.00
3484 -8' . . . \$200.00

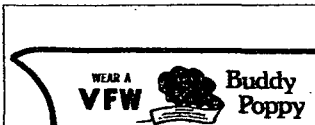
VESTS – Full color image on back with smaller image on front
panel. For post social activities. Adult sizes: M, L, XL, *2XL.
7109 – M-XL \$17.95
*2XL each \$19.95

V.F.W. BUDDY POPPY
Made By Disabled Veterans

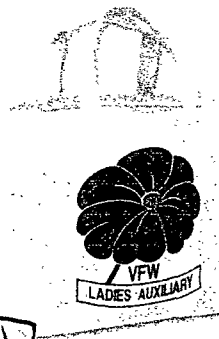
ARM BAND – Worn by volunteers during distribution.
9707 – (minimum of 100) . . . \$6.00



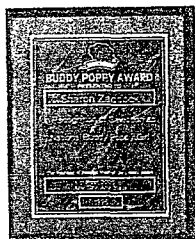
VOLUNTEER BUTTON –
Worn by volunteers during
distribution.
9705 – Carton of 25 . . . \$7.00



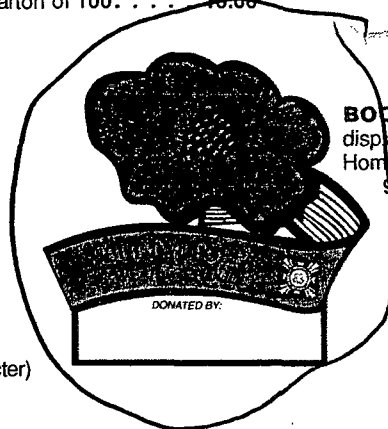
CAP – Made of paper and will fit
most head sizes.
9704 – Carton of 10
(minimum order) . . . \$3.00
Carton of 25 5.00
Carton of 50 9.50
Carton of 100 18.00



**BUDDY POPPY
TOTE BAG**
12" x 12" x 4" natural-
color canvas carryall is
printed with the Buddy
Poppy design.
1771 . . . ~~WAS-~~ \$9.50
. **NOW-** \$7.95



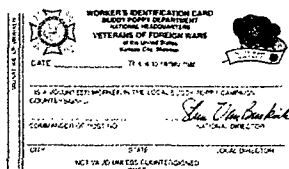
**BUDDY POPPY WALNUT
PLAQUE** –
Features a large engraving
plate for personalized
message. Plaque size 5 x 7".
*1521 . . . \$17.95
*While quantities last
(Engraved items, \$.20 per character)
Allow 3 weeks for delivery



BOOSTER POSTER – Boost your distribution by
displaying these 7.5 x 8.5" posters in your Post
Home. Visitors and members will gladly donate.
9712 – 50 (minimum) . . . \$13.00

**BUDDY POPPY AWARD
PLAQUE** – 8 x 10" Green and
black marbled finish with red
poppy on a very rich appearing
brass plate. Walnut finished
board. Please provide information
for the designated 3 blocks
as well as the text message
in the center of the plaque.
Engraving will appear in gold.
1520 . . . \$31.95

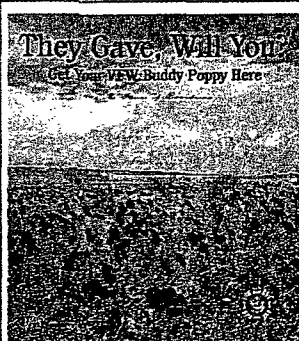
(Engraved items, \$.20 per character)
Allow 3 weeks for delivery



IDENTIFICATION CARD –
Worn by volunteers during
distribution.
9708 – (minimum of 100) . \$6.00

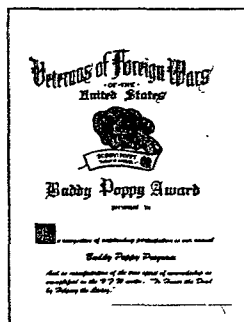


COIN CANISTER – Dimensions
are 3" in diameter and 6" tall with a
slot 3/8" wide. Reusable, removable
plastic lid.
A9703 – Carton of 10
(minimum order) . . \$11.00
B9703 – Carton of 25 . . . \$23.00



POSTER – Can be used as window display
or standing up on the table where poppies are
being distributed. Measures 8 1/2 x 11".
9701 – Carton of 10
(minimum order) . . . \$2.50
Carton of 25 5.75
Carton of 50 11.00
Carton of 100 20.00

BUDDY POPPY EASELS FOR POSTER –
With adhesive back. (Not illustrated)
9702 – Carton of 10 . . . \$3.00
Carton of 25 5.00
Carton of 50 9.00
Carton of 100 17.00



BUDDY POPPY AWARD –
Recognize your Buddy Poppy workers.
9715 – Outstanding Participation in program.
9714 – Participation in campaign. (Not illus.)
9716 – Effective Use of Buddy Poppies.
(Not illus.)
10 \$9.50
25 21.00
50 37.50
100 69.00



City of Chicago

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

Alderman Edward M. Burke
Chairman

Telephone
312-744-3380

April 15, 2010

Cmdr. Anthony Kosik
Veterans of Foreign Wars, Mont Clare-Leyden Post 1284
6940 W. Diversey
Chicago, IL 60707

Dear Cmdr. Kosik:

The City of Chicago has granted your organization a "Tag Day" permit for charitable solicitation on the public way. Pursuant to Chapter 10-8-150 of the Municipal Code of the City of Chicago, each organization must file with the Committee on Finance, a statement of all receipts and disbursements made from such charitable solicitation. This report is to be sent to the Committee on Finance no later than sixty (60) days after your organization has solicited funds.

The Municipal Code provides for a fine up to \$500.00 per day for any organization which violates the Charitable Solicitation Ordinance.

Please include permit number 2010-13 on all correspondence directed to the Committee on Finance regarding your "Tag Day". Be certain to reference permit number 2010-13 on the statement of receipts and disbursements that your organization will file with the Committee.

Very truly yours,

Edward M. Burke
Chairman
Committee on Finance

EMB/cl

Enclosure

CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT



BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

NAME OF ORGANIZATION: **Veterans of Foreign Wars, Mont Clare-Leyden Post 1284**

ADDRESS OF ORGANIZATION: **6940 W. Diversey
Chicago, IL 60707**

DATE(S) OF SOLICITATION: **May 27-29, 2010**

PLACE(S) OF SOLICITATION: **Citywide**

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

Edward M. Burke
Chairman
Committee on Finance

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

PERMIT NUMBER:	2011-12		
GROUP NAME:	Blue Island Citizens for Persons with Developmental Disabilities		
	(d/b/a Blue Cap)		
ADDRESS:	1962 Broadway, Blue Island, IL 60406		
TELEPHONE NUMBER:	708-389-8137		
CONTACT PERSON:	A. Michael O'Connor		
DATE WRITTEN REQUEST WAS RECEIVED:	March 31, 2011		
SOLICITATION DATE:	September 30, 2011 through October 1, 2011		
CITY COUNCIL DATE:	April 13, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 14, 2011		
<u>VIOLATION (S)</u>			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. **Name of organization:** Blue Cap Foundation, Inc.
Address: 1962 Broadway, Blue Island, IL 60406
Telephone Number: 708-389-8137 Ex 304
2. **Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**
A. Michael Connor
Treasurer, Blue Cap Foundation, Inc.
201 Whitefawn Trail, Downers Grove IL 60516
630-954-5572 Ex 225
3. **List the date and approximate location(s) of solicitation:**
September 30, 2011 and October 1, 2011
Locations attached
4. **Approximately how many persons will be engaged in the solicitation?**
250
5. **Explain the methods your organization will use to solicit funds:**
Handing out Lemonhead candy and Tag Day cards for donations of any size.
6. **Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?**
Yes, August 20, 21 2010
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.**
Blue Cap serves over 400 individuals with developmental disabilities from the City of Chicago and over 30 surrounding communities.

Chicago Locations

Rock island RR- 103rd and Longwood*

Rock Island RR – 107th and Longwood*

Rock Island RR – 111th and Longwood*

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

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

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

111th & Western -East/West/North/South

111th & Kedzie – East/West/North/South

95th & Ashland –East/West/North/South

119th & Western (Walgreens with their permission)

A few Loop locations

Union Station*


LaSalle Street Station*

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

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.

ABNEN
Blue Cap Foundation, Inc.
Name of organization




Signature of organization officer

3-23-01

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  Title Treasurer Date 3-23-11

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

March 8, 2011

BLUE CAP FOUNDATION, INC.
1962 BROADWAY
BLUE ISLAND, IL 60406

Lisa Madigan
ATTORNEY GENERAL

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

Dear Registrant:

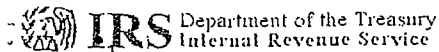
This letter is pursuant to your request that the Attorney General confirm the status of BLUE CAP FOUNDATION, INC. under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01041974. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2010. Please let us know if you require further information.

Sincerely,

A handwritten signature in black ink, reading "Catherine Reilly". The signature is fluid and cursive, with the first name "Catherine" and the last name "Reilly" clearly distinguishable.

Catherine Reilly, Compliance Officer
Charitable Trnsts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595



Department of the Treasury
Internal Revenue Service

P.O. Box 2508

Cincinnati OH 45201

In reply refer to: 0248459781

Mar. 10, 2009 LTR 4168C EO

36-2603932 000000 00 000

00026883

BODC: TE

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

14303

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

Dear TAXPAYER:

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

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

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

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

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

Sincerely yours,

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

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

PERMIT NUMBER:	2011-13		
GROUP NAME:	Chicago and Greater Metropolitan Area Have-A-Heart Charities		
ADDRESS:	16427 South Winchester, Markham, IL 60428		
TELEPHONE NUMBER:	708-333-8796		
CONTACT PERSON:	Marcella Herndon		
DATE WRITTEN REQUEST WAS RECEIVED:	March 31, 2011		
SOLICITATION DATE:	September 8-10, 2011		
CITY COUNCIL DATE:	April 13, 2011		
COMPLETION OF FILE DATE:			
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:			
DATE PERMIT LETTER WAS SENT TO ORGANIZATION:	April 14, 2011		
VIOLATION (S)			
COMMITTEE LETTER SENT:			
COMPLY RECEIVED:			
COMMENTS:			

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization:
CHICAGO-AND-GREATER-METROPOLITAN-AREA-HAVE-A-HEART-CHARITIES
Address: % MARCELLA-HERNDON
16427 50 WINCHESTER
Telephone Number: 708-333-8796
2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:
PRES.-MARCELLA-HERNDON-16427 50 WINCHESTER-MARKHAM, IL, 60428-708-333-8796
VICE-PRES. LAURA-GARRITY-94200N. AUSTIN AVE -CHICAGO, IL, 60634-773-545-8300
TRE. KATHY-ALVAREZ-1214 E. MILDRED ST. ARLINGTON-HEIGHTS, IL, 773-286-6226 BY 222
SEB.- MAUREEN-SULLIVAN-3757S. WALLACE ST. CHICAGO, IL, 773-719-6655
3. List the date and approximate location(s) of solicitation?
September 8, 9, and 10, 2011
LOCATIONS CITY WIDE
4. Approximately how many persons will be engaged in the solicitation?
500
5. Explain the methods your organization will use to solicit funds:
SOLICITATION ON STREET CORNERS WITH
DISBURSMENTS OF TAGS AND HOLDING CANS
6. Was your organization ever allowed to solicit funds in prior years in the City of Chicago? If so, when?
yes, ANNUALLY FROM 1943-2010
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. *Enclosed*
 - 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. *Enclosed*
8. Please include any other relevant information which would assist the Committee on Finance in reviewing this application.

NONE NECESSARY

Free enclosed ✓ # 1013

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 Marcella Herndon Title President Date 3/25/11

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.

*Chicago - and - Greater - Metropolitan - Area -
Have - A - Heart - Charities*

Name of organization

Marcella Herndon pres.

Signature of organization officer

3/25/11

Date

FILING FEE IS \$10.
IF LATE, ADD PENALTY OF \$3.

General Not For Profit Corporation Act

N 2775-935-1

ANNUAL REPORT

(Form NFPCAF - Rev. 09/30/2009)

** THIS REPORT CAN BE FILED ON-LINE @ www.cyberdriveillinois.com WITH AN EXPEDITED FEE. **

(USE BLACK INK)

COPY

06-19-01

COOK COUNTY

CHICAGO AND GREATER METROPOLITAN AREA HAVE A HEART CHARITIES
% MARCELLA HERNDON
16427 S WINCHESTER
MARKHAM IL 60426

Item 1. Verify that the corporate name is correct.

Item 2. Verify that the name of the registered agent and the address of the registered office are correct. You cannot change the registered agent and/or registered office on the annual report form printed below. In order to change the registered agent and/or registered office, it will be necessary to file with the Secretary of State form NFP 105.10/105.20. Mail the NFP 105.10/105.20, Annual Report and \$5 filing fee TOGETHER in the SAME envelope. This form can be downloaded from our internet web site at www.cyberdriveillinois.com. Click on "Departments", then "Business Services" then "Publications and Forms".

Items 3(a), 3(b). Verify printed information is correct.

Item 4. Must set forth the names and addresses of all officers and directors of the corporation as of the date of signing. ILLINOIS CORPORATIONS MUST HAVE AT LEAST THREE (3) DIRECTORS! If there are additional officers and/or more than three directors, you must attach a list to this report setting forth all other name(s), title(s) and address(es). Please write the file number on all attachments.

Item 5. Please complete this item.

Item 6. Please mark the appropriate box where indicated in response to the following questions:

(a) Is this corporation a CONDOMINIUM Association as established under the Condominium Property Act?

(b) Is this corporation a COOPERATIVE HOUSING CORPORATION defined in Section 216 of the Internal Revenue Code of 1954?

(c) Is this corporation a HOMEOWNER'S ASSOCIATION which administers a Common Interest Community as defined in Subsection (c) of Section 9-102 of the Code of Civil Procedure?

Item 7. Please complete this item.

Item 8. THIS REPORT MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE CORPORATION! Please type or print the name and title of the officer signing this report as well as the date of signing.

DETACH AT PERFORATION - DO NOT SUBMIT A PHOTOCOPY

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1) Corporate Name CHICAGO AND GREATER METROPOLITAN AREA HAVE A HEART CHARITIES		File Number N 2775-935-1	
4) President Name/Address MARCELLA HERNDON - 16427 S. WINCHESTER - MARKHAM IL 60428		3a) Date of Inc./Qual. 03-01-1944	
Secretary Name/Address MAATEEN S. WALLACE - CHICAGO, IL 60609		3b) State of Inc. ILLINOIS	
Treasurer Name/Address KATHY ALVAREZ - 1214 E. MILIDA CT. ARLINGTON HEIGHTS IL 60004		Annual Report General Not For Profit Corporation Act	
Director Name/Address LAURA GARRITY - 4200 N. AUSTIN - St Mary of Providence School - CHICAGO, IL 60634			
Director Name/Address 			
5) Brief Description of the corporation's activities: Solicitation on street corners with disbursement of tags and Holding		Year of: 2011	
7) Principal Address of the Corporation (Street, City, State, Zip Code) % Marcella Herndon 16427 S. Winchester - Markham, IL 60428			
2) Registered Agent % MARCELLA HERNDON 06-19-01 16427 S WINCHESTER MARKHAM IL 60426 COOK COUNTY		6a) Is this Corporation a CONDOMINIUM ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		6b) Is this Corporation a COOPERATIVE HOUSING CORP.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		6c) Is this Corporation a HOMEOWNER'S ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

8) Signature

Marcella Herndon pres.

Title

2/22/11

Date