

## 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

# 18

### 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  The Nature Conservancy					
H.						
I.	PLAN International					
J.	Salute, Inc.					
K.	St. Mary of Providence					
L. Kiwanis Clubs of Chicago						
	nder advisement, begs leave to report and recommend that your the ordinance(s)/order(s) transmitted herewith.					
This recomme	ndation was concurred in by (viva voce vote					

Respectfully submitted

Chairman

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Document No				
	TO THE	COMMITTEE ON FINANCE CITY COUNCIL OF CHICAGO		
		·		

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

A.	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.	
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

PERMIT NUM	ABER:	201	12-23		- · · · · · · · · · · · · · · · · · · ·	
GROUP NAME: Baton Twirling Batutera's "Las Boricuas"						
ADDRESS:	4101	S. Map	lewood	, Chicago, IL 60	0632	
TELEPHONE				401-1451		
CONTACT PI			lia DeJ			
DATE WRITT			••		July 25, 201	2
SOLICITATION				nber 22, 2012	1	
SOLI			1			
			<del></del>			
CITY COUNC	CIL DAT	ГЕ:	Septen	nber 12, 2012		
COMPLETIO DATE:	COMPLETION OF FILE					
STATEMENT	STATEMENT OF RECEIPTS AND DISTRIBUTION					
DATE PERMI	T LET	TER W	'AS SEI	NT TO ORGAN	IZATION:	September 12, 2012
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: Baton Twirling Batutora's 'Las Boricus'
	Address: 4101 5. 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-41015. Maplewood Chyo.  Ce ciliana De Jesus-Vice President   Asst Coordinator-1807 Mystic Dr.  Plaintield, IL
	Luz M Cintron - Treasurer. 1807 Mystic. Dr. Plainfield, IL Wanda I. River - Scoretary - 7021 Hallatin Dr. Plainfield IL
3.	List the date and approximate location(s) of solicitation:  August 18 2012 City Wide
4.	Approximately how many persons will be engaged in the solicitation?
5.	Explain the methods your organization will use to solicit funds: Collecting Funds at main intersections, throughout the
6.	Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?
7.	Include the following with your application:  A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.  B. A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation.

Please include any other relevant information which would assist the Committee

on Finance in reviewing this application.

8.

# 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	Date
Signature ONDA C	2 Revolutine Low eta	Date 7-13-12
Signature pla (	le for Title Privile	UNT Date 7-13-12

### 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.
	Baton Twining, Batuters "Las Boricuas" Name of organization
	Signature of organization officer

Date

O-1 13/05

# 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 stion fully in the space provided, please attach a sheet containing the remainder of your answer. No further registration statement is irred, provided that every registered organization shall notify the Attorney General within 10 days of any change in the information nitted herein. One copy of this Registration Statement and attachments are to be filed with the Office of the Attorney General, ritable 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	
		d Employer ID#
	Batuteras (Twirlers) Las Bori (UCIS (173)401-1451 27- Street and Number City County State	4552745
	Street and Number City County State	Zip Code
	Street and Number City County State 41018 Maple Wood Chicago Cook IL i	00632
	Type of legal entity Corporation Trust, Unincorporated Association or other) and date, method and place organization lished.  Dec 12, 2010 incorporated in Illinois?  If a foreign corporation, when was it authorized to do business in Illinois?  N/A	on legally estab-
	If a corporation, Illinois Secretary of State's File No. <u>(1760.206.4</u> *A copy of the Articles of Incorporation or Certificate of Authority issued by the Secretary of State must be as	ttached
	· · · · · · · · · · · · · · · · · · ·	
	. Name, address and telephone number of Illinois registered agent JUIA DE JESUS (TB) 401	1451
	Address of all offices in the State of Illinois. 4101 8 Maplewood, CHICAGO IL LO	0632
	. Date on which the annual accounting period of the organization ends. Month December	Day 3
•	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 e  Uniforms, Activity Participation FEES, TRAINERS, and Chareon	quipment graphers.
<b>;</b> .	i. If the name under which the organization intends to solicit funds differs from the name listed in No.2 provide name (sontributions will be solicited, and the reason for the use of such other name(s).	s) under which
<b>)</b> .	). If the organization has previously been registered with the Attorney General under either Act, give the name under with different than shown in No. 2), last registration number, and date registered.	hich registered (if
10.	10. Has the organization been registered with any other governmental authority to solicit contributions? ☐ Yes  Name of authority and date of authorization. ☐ Yes ☐ No	No
11.	11. Has the organization or any of its officers, directors or trustees ever been enjoined or prohibited by any court or other	r governmental

agency from soliciting contributions, or is such action pending?

If "Yes", attach an explanation.

	Do you intend to use the services of a professional fund raiser as defined by "An Act to Regulate Solicitation and Collection of Funds for Charitable Purposes"?   Yes No  If "Yes", answer a, b, and comply with c below.  a. Name and address of professional fund raiser(s):
	b. Has the professional fund raiser registered and filed a bond with the Office of the Attorney General as required?   Yes  No c. Attach copies of all contracts with professional fund raiser(s).
	Have any of organization's officers, directors, executive personnel, or have any of the organization's employees who have access to funds, ever been charged with or convicted of a misdemeanor involving misapplication or misuse of money of another, or any felony?   NO If "Yes", give the following information: (IRS 1981 ch 23, sec. 5109)  NAME AND ADDRESS OF COURT  NATURE OF OFFENSE  DATE OF CONVICTION(Mo./Yr.)
	State the board, group or individual having final discretion as to the distribution and use of contributions received.  Directors Listed on State 15 Articles of Incorporation.
	Will you use any of the following methods of solicitation?  □ Telephone Appeals  □ Coin Collection Containers  □ Other If other, attach an explanation.  □ Unordered Merchandise  □ Distribution or Sale of Seals  □ Ad Books  □ Direct Mail
	List name, mailing address and title of the chief executive or staff officer of the organization.  July De Jesus, 41015. Maphibood Chicago 16. 40682
•	Attach a list of names, mailing addresses, and daytime phone numbers of all officers and directors, or trustees of the organization.  Has the United States Internal Revenue Service determined that this organization is tax exempt?  If "Yes", attach a copy of the determination letter. Is application pending?  *All organizations with tax exempt status or an application pending must attach a copy of Federal Form 1023 "Application for Recognition of Exemption" or an exemption letter.
٠.	Has organization's tax exempt status ever been questioned, audited, denied or cancelled at any time by any governmental agency?  — Yes No If "Yes", attach the facts.
).	Organizations which have been in operation for over one (1) year must attach a copy of the form AG990-IL and Federal return, or AG990IL if no Federal return was filed for each year the organization was in existence, completed in detail. Organizations which have been in operation less than one (1) year must attach a completed Financial Information Form CO-2, notarized. Please note charitable organization's are required to maintain accurate and detailed accounting records.
ł.	Approximate amount of contributions solicited or income received from persons in this State during the organization's last annual accounting period \$
2.	EVERY REGISTERING ORGANIZATION MUST ATTACH THE FOLLOWING APPLICABLE DOCUMENTS:  Corporation
	individuals. If entity is a Trust, all Trustees must sign.
	ER PENALTY OF PERJURY, THE UNDERSIGNED DECLARE AND CERTIFY THAT THE INFORMATION CONTAINED HIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.
tı	ire Rha de Osos Title President Date 1/14/2011
ıtı	Title President Date / 14/2011  Date / 14/2011  DEBTA D MAXWELL  DEBTA D MAXWELL  DESTA D MAXWELL
1	ty of WIII 355 Susacrubed + sworn before me thus 19th day of January, 2011. MY COMMISSION EXPIRES:09/30/11  1 92111 mois)  Desna D. Maxwell Motary Pust:

m CO-2 ised 3/05

'ribed and sworn by me this

# CHARITABLE ORGANIZATION FINANCIAL INFORMATION FORM—

LISA MADIGAN ATTORNEY GENERAL

DEBRA D MAXWELL NOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES:09/30/11

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 neral's Office, Charitable Trust Bureau, 100 West Randolph Street, 11th Floor, Chicago, Illinois 60601. Name, address and telephone number of the organization: Batuteras (Twirless) Las Boricuas 8 Madlewood Chicago IL 1,0632 The books and records are located at the following address and telephone number: Batutevas (Twirlers Boricuas 4/01 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 Please provide the following financial information: From inception 12/12/2011Month/Day/Year GROSS RECEIPTS TO DATE **ASSETS** Cash Contributions, Gifts & Grants Accounts Receivable Program Service Revenue Dues Other Receivables Interest & Dividends Inventory Rents Investments Fund Raising Events Land, Buildings, Equip. Other Revenue Other Assets TOTAL TOTAL (IN LIEU OF THE ABOVE FINANCIAL INFORMATION, A CURRENT TREASURERS REPORT MAY BE SUBSTITUTED, PROVIDED THAT IT PROVIDES SUBSTANTIALLY THE SAME INFORMATION) **CERTIFICATION** 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. me and Title Date Signed Date Signed OFFICIAL SEAL

### 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, IL60658

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

April 15, 2011

STATE OF ILLINOIS

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. 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,

LISA MADIGAN Attorney General

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

PERMIT NUM	PERMIT NUMBER: 2012-24					
GROUP NAM	GROUP NAME: The Chicago Fund on Aging & Disability					
·	d/b/a Meals on Wheels Chicago					
ADDRESS:	1 Nor			ite 2065, Chicag		
TELEPHONE				744-0684		
CONTACT PI			drew S	Seibert		
DATE WRITT		<u> </u>	WAS	RECEIVED:	July 25, 2012	2
SOLICITATION				nber 14, 2012		
			· , <u> </u>			
			<u></u>			
	<del></del>					
CITY COUNC	CIL DA	TE:	Septem	nber 12, 2012		
COMPLETIO DATE:						
	STATEMENT OF RECEIPTS AND DISTRIBUTION					
DATE PERMI	IT LET	TER WA	AS SEN	T TO ORGAN	IZATION:	September 12, 2012
VIOLATION (S)						
COMMITTEE LETTER SENT:						
COMPLY	COMPLY RECEIVED:					
COMMENTS:	COMMENTS:					
			•			

### 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 91st 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	Trachos	_Date <u>5/4/</u> (`
Signature	Title	,	_Date
Sianature	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 (DIBJA MEALS ON WHEELS CHICAGO)
Name of organization

Signature of organization officer

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
- 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.



Authentication #: 1119202028

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 11TH

day of

JULY

A.D.

2011

SECRETARY OF STATE



### OFFICE OF THE ATTORNEY GENERAL

May 10, 2012

STATE OF ILLINOIS

THE CHICAGO FUND ON AGING AND DISABILITY D/B/A MEALS ON WHEELS CHICAGO
1 NORTH LASALLE STREET
CHICAGO, IL 60601

Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of THE CHICAGO FUND ON AGING AND DISABILITY D/B/A MEALS ON WHEELS CHICAGO under the Illinois Charitable Laws **CO# 01021950** 

### Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of THE CHICAGO FUND ON AGING AND DISABILITY D/B/A MEALS ON WHEELS CHICAGO under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01021950. It is current in the filing of its financial reports, having filed its report for the period ended December 31, 2010. Please let us know if you require further information.

Sincerely,

Takiyah Martin Barnes, Compliance Officer

Takyah Mat-Barres

Charitable Trusts Bureau

100 West Randolph Street, 11th Floor

Chicago, Illinois 60601

- GCCANT - SHE

Telephone: (312) 814-2595

# 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

PERMIT NUMBER:		20	2012-25			
GROUP NAME: Childs		ren's Benefit Le	ren's Benefit League of Chicago & Suburbs			
ADDRESS:	1530	N. Ma	in Street, Wheat	ton, IL 6	0187	
TELEPHONE	NUMI	BER:	630-653-640	0		
CONTACT PE	ERSON	: Jo	ennie Tietjen			
DATE WRITT	EN RI	EQUES	ST WAS RECEIV	VED:	July 25, 201	2
SOLICITATIO	ON DA	TE:	April 19-20, 2013			
CITY COUNCIL DATE: September 12, 2012						
COMPLETION OF FILE DATE:						
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:						
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: September 12, 2012						
		,		·		
VIOLATION (S)						
COMMITTEE LETTER SENT:						
COMPLY RECEIVED:						
COMMENTS:				·		

### APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: Children's Benefit League of Chicago & Suburbs

> Address: 0/0 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 Taggers will be on the Friday and Saturday from 6 am - 6 pm sidewalks, where ever pedestrian traffice is nearby. Loop corners, near entrances to banks, stores etc. neighborhoods. I property, permission will be secured. Approximately how many persons will be engaged in the solicitation? neighborhoods. If on private

4.

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. give money a star isgiven in return and they put their donations in a sealed numbered box. Boxes shoe anme of CBL president, address & Phone #.

Hnewbar agenazation eith incethell was alto fall fund of the fund of the 6. City of Chicago? If so, when?

1908-2012

7. Include the following with your application:

- A copy of the registration statement filed with the Attorney A. General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
- В. 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 Three Tuge	itle_	Treasurer & VP	Date <sup>8-1-12</sup>	
Signature Steven Koll	Title	President	8-7-12 Date	
Signature Own To	1 me		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.

Children's Benefit League & Suburbs

ū
Titlen) officer

### 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 <u>steven@nadnkids.org</u>

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 <u>jenniet@evancfa.org</u>

Second Vice President - Membership and Investigating

Pat Drinkwine 2420 Grant Street Evanston, IL 60201

Home: 847-475-1919 Pdrinkwine@ameritech.net

Third Vice President - Locations

Debbie Grossman 17 North State Street Suite 1050 Chicago, IL 60602

Work: 312/236-0808 Home: 773/463-6515 <u>BSADGrossman@aol.com</u>

Recording/Corresponding Secretary

Karine Roettgers 17 N. State Street #1050 Chicago, IL 60602

Work: 312/236-0808 bsakrosvold@aol.com

**Press and Publicity** 

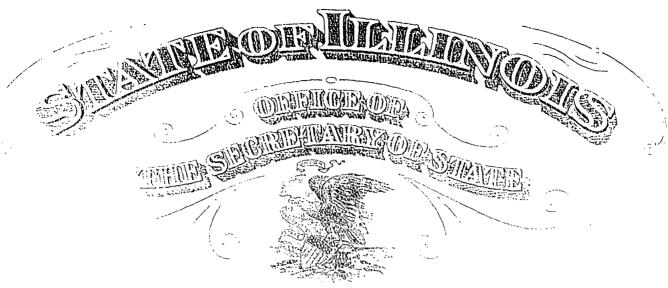
Katie Stanley -Halfway House Committee, Inc. 3641 S. Crawford Ave Crestwood, 60472

Work: 708-371-1969 or sadiemanor@aol.com or Kathryn.Stanley@illinois.gov

**Nominating** 

Miguel Alvarado 9513 S. Kenneth #1 South Oak Lawn, IL 60453

Work: 773/731-8187 Home: 708/385-2726 malvarado@adasmckinley.org



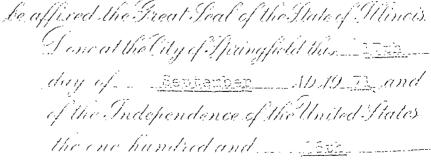
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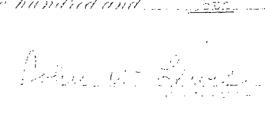
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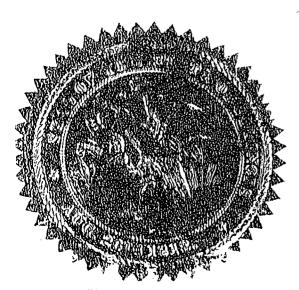
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On virtue of the powers rested in me by law do hereby issue this Conficulty of
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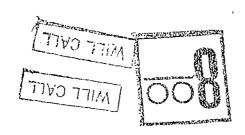
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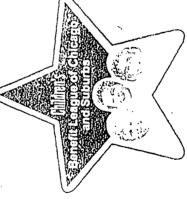
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needy or less fortunate children in Chicago and Suburbs Thank Vou ALL of your gift will help

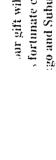
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ouncil of TAG DAY ORGANIZATIONS

### To Be Filed In Duplicate Filing Foo \$10.00

### FORM NP.36

### ARTICLES OF AMENDMENT

to the

### ARTICLES OF INCORPORATION

### Filing Fee \$\_\_\_\_ Clerk

(DO NOT WRITE IN THIS SPACE)

9-17-71

### GENERAL NOT FOR PROFIT CORPORATION ACT

JOHN W. LEWIS.

To PATISTICATION, 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 SUBLIFIES
- 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 1972 same receiving at least two-thirds (2/3) of the votes emitted 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 entities to with respect theretes
  - (c) "Ar a meeting -of-directors-(members-lawing-no-voting wights-with re

umice, the - same receiving the votes of a majority relationship the votes of a majority relationship

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

That paragraph 2 of the Articles of Incorporation in strists to sead as follows:

The Object for which it is formed is ways and means for a concentrated action, ons by in April. in each year, for the benefit of the various organized children's agencies forming this league."

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

PERMIT NUMBER:		2012	2012-26				
GROUP NAME: Ep		Epileps	pilepsy Foundation of Greater Chicago				
,							
ADDRESS:	17 N.	State St	reet, Suite 1300, Chicago, IL 60602				
TELEPHONE	1	-	312-939-8622				
CONTACT PI			urt Florian, Jr.				
			WAS RECEIVED: July 25, 2012				
SOLICITATION			September 7-9, 2012				
	,						
CITY COUNC	CIL DA	TE:	September 12, 2012				
COMPLETIO DATE:	COMPLETION OF FILE						
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:							
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: September 12, 2012							
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:	Epilepsy Foundation	of Greater Anco
		17 N. STATE, Swite	
	Telephone Number:	312 939. 8622 X	208
2.	Use the space below to list n telephone numbers of the of	names, current positions, residence a	ddresses and
	Kurt Morian Jr. Enkrim Pres LCEO 24 W. 141 Mae AETH Whichin, 1L 60188 630.266.9569	STEVEL CORPA 1469 W. Byron June Chicago, 16 60613 Tremagner 773.394.7312.	Michael Keenan Chair 873 N. Larrabea Unit 708 Chicago Ic 6061
3.	List the date and approximate September 7, "  CITY WIDE.	ate location(s) of solicitation:	312.852.405.
4.	Approximately how many p	persons will be engaged in the solicita	ntion?
5.	Volumbous mill w	organization will use to solicit funds:  year clearenced explective  or a intersection as well as  ors, Donors will receive a to  been allowed to solicit funds in prior	verte i well be a sterefrents with
5.	City of Chicago? If so, whe	en?	r years in the
_	Yes, March 2011	a March 2012	

 $\mathcal{O}$ 

- 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.

Epicepsy	Foundation of Greater Chacago.	
17 N St	ATE ST. Side 1300	
_ č.	1 1 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 Pes, do f & CE	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.

Greater Chicago

Name of organization

Signature of organization officer

0/8/14

Date



### City of Chicago

Committee on Finance City Hall • Room 302 • 60602 www.committeeonfinance.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



# 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.



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

SECRETARY OF STATE



Helping Give a Voice to People with Epilepsy!

# 

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

<u>Awareness Support Includes:</u> 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) 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!



# SEIZURE FIRST AID!



DON'T PUT ANYTHING IN MOUTH AS SEIZURE ENDS. OFFER HELP CALL 9-1-1- IF SEVERE



LOOK FOR MEDICAL ALERT IDENTIFICATION





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



1st Class Letter

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

PERMIT NUM	ABER:	20	2012-27							
GROUP NAM	E:	Illino	Illinois State Council Knights of Columbus Charities, Inc.							
ADDRESS:	187 S	. India	ana Av	venue, 3 <sup>rd</sup> Floor, K	ankakee, IL 6	0901				
TELEPHONE	NUME	BER:	81	5-935-2262						
CONTACT PI	ERSON	: 1	Richard	d C. Spada						
DATE WRITT	TEN RE	QUE	ST WA	AS RECEIVED:	July 25, 2012	2				
SOLICITATIO	ON DA	TE:	Sept	tember 21-23, 20	12					
						,				
CITY COUNC	CIL DAT	ГЕ:	Sept	September 12, 2012						
COMPLETIO DATE:	N OF F	ILE								
STATEMENT AND DISTRIE RECEIVED:			PTS			ı				
DATE PERMI	T LET	TER Y	WAS S	ENT TO ORGANI	ZATION:	September 12, 2012				
			<u>.</u>							
VIOLATION (S)										
COMMITTEE LETTER SENT:										
COMPLY	COMPLY RECEIVED:									
COMMENTS:										

# 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@ and any

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 finds:

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 RECEVED) 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 <sub>.</sub>	Fichard Copaola	Title: _	President	Date <u>07-13-2012</u>
Signature	Donald C Haym Jr	Title:	Secretary	Date <u>07-13-12</u>

KNICO92

## ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

Client#: /0825

DATE (MM/DD/YYYY) 7/13/2012

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 CONTACT Jason Czepiel People's United Ins. Agency CT PHONE (A/C, No, Ext): 860 240-1554 E-MAIL ADDRESS. jason.czepiel@peoples.com FAX (A/C, No): 860 722-7805 One Goodwin Square Hartford, CT 06103 INSURER(S) AFFORDING COVERAGE NAIC# 860 524-7600 INSURER A: Hanover Insurance Co 22292 INSURED INSURER B : **Knights of Columbus-State Council Of** INSURER C Illinois INSURER D : PO Box 681 INSURER E : Kankakee, IL 60901 INSURER F -

COVERAGES CER	RTIFICATE 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 POLICY EXP (MM/DD/YYYY) LIMIT	rs					
A GENERAL LIABILITY  X: COMMERCIAL GENERAL LIABILITY	RDE919939701	07/01/2012 07/01/2013 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000					
CLAIMS-MADE X OCCUR	<b>i</b>	MED EXP (Any one person)	s10,000					
GEATIVIS-IMABE X		PERSONAL & ADV INJURY	\$1,000,000					
	-	GENERAL AGGREGATE	\$3.000,000					
GEN'L AGGREGATE LIMIT APPLIES PER:	-	PRODUCTS - COMP/OP AGG	s3,000,000					
POLICY PRO- LOC			\$					
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT (Ea accident)	\$					
ANY AUTO		BODILY INJURY (Per person)	\$					
ALL OWNED SCHEDULED AUTOS		BODILY INJURY (Per accident)	\$					
HIRED AUTOS NON-OWNED AUTOS		PROPERTY DAMAGE (Per accident)	\$					
			\$					
UMBRELLA LIAB OCCUR		EACH OCCURRENCE	\$					
EXCESS LIAB CLAIMS-MADE		AGGREGATE	\$					
DED RETENTION \$			\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC STATU- OTH- TORY LIMITS ER	•					
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	E L EACH ACCIDENT	\$					
(Mandatory in NH)	,	E L DISEASE - EA EMPLOYEE	\$					
If yes, describe under DESCRIPTION OF OPERATIONS below		E L. DISEASE - POLICY LIMIT	\$					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) RE: Knights of Columbus to hold State Wide Collection for Intellectual Disabilities Fund in the City of Chicago on September 21-23, 2012.								
City of Chicago is an Additional Insured, where required by written contract, per the terms, conditions and exclusions of the referenced general liability policy.								
CERTIFICATE HOLDER		CANCELLATION						
City of Chicago c/o Finance Department 33 N La Salle	1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CA THE EXPIRATION DATE THEREOF, NOTICE WILL E ACCORDANCE WITH THE POLICY PROVISIONS.						
Chicago, IL 60602		AUTHORIZED REPRESENTATIVE						

People's United Two rance Agency

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COMMITTEE ON FINANCE

# OFFICE OF THE ATTORNEY GENERAL 25 A

April 26, 2012

STATE OF ILLINOIS

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.

Sincercly,

Takiyah Martin Barnes, Compliance Officer

Charitable Trusts Bureau

100 West Randolph Street, 11th Floor

Chicago, Illinois 60601

GCC/BT 3400

Telephone: (312) 814-2595

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

PERMIT NUN	MBER:	20	2012-28								
GROUP NAM	E:	Little	ittle City Foundation								
ADDRESS:	1760	W. Al	gonquin	Road, Palatine	e, IL 60067						
TELEPHONE	NUME	BER:	847-	-358-5510							
CONTACT PI	ERSON	: E	Edward J	J. Hockfield							
DATE WRITT	ΓEN RE	EQUES	ST WAS	RECEIVED:	July 25, 201	2					
SOLICITATION	ON DA	TE:	Septer	mber 13-15, 20	)12						
,											
CITY COUNC	CIL DA	TE:	Septen	mber 12, 2012							
COMPLETIO DATE:	N OF F	TILE									
STATEMENT AND DISTRIE RECEIVED:			TS								
DATE PERMI	T LET	TER V	VAS SEI	NT TO ORGAN	IZATION:	September 12, 2012					
VIOLATION (S)											
COMMITTEE LETTER SENT:											
COMPLY	RECE	EIVED	:								
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:

Little City Foundation

Address:

1760 West Algonquin Road

Telephone Number:

Palatine, IL 60067 (847) 358-5510

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

See Attachment.

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

September 13-15, 2012 from 8am-6pm

Locations: Chicago Ave & Michigan Ave, Addison St & Clark St, Union Station, Franklin St & Ontario St, LaSalle St & Madison St, North Ave & Wells

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

20-30 people involved

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

Our volunteers will be at various street corner locations and store fronts collecting donations in cans from passersby.

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

Little City has been granted permission to solicit funds in the Cityeof Chicago for 37 years for our Smiles Tag Days Campaign.

- 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 X	Title (xecustos	Diuh Date 7 2/2
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.

Vame of organization

Signature of organization officer

Date

# **Little City Foundation Board Members**

### **Board of Directors**

**OFFICERS Business** Home President Edward J. Hockfield Time Tested Formulas, Inc.

2429 RFD Andrea Hockfield 2429 RFD

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

Executive Vice President & Treasurer

Matthew B. Schubert Paramount Staffing 1200 Shermer Rd Ste 300 Tina Schubert 1529 Windy Hill Dr Northbrook, IL 60062-4552 Northbrook, IL 60062-3833

**Business Phone** (847) 559-0676 Home Phone (847) 498-4536

Vice President

Dana Gerber Poncher University of Illinois at Chicago 715 S Wood Kip Poncher 15 Shenandoah Rd

Chicago, IL 60612 Deerfield, IL 60015-4430 **Business Phone** (312) 413-2960 Home Phone (847) 914-9427

Vice President Breakthrough Technologies, LLC Douglas A. Wilson

Jennifer Wilson 1840 Oak Ave Ste 400 1129 Hackberry Rd Evanston, IL 60201-3612 Deerfield, IL 60015

Business Phone (847) 864-0033 Home Phone (847) 914-9210

Assistant Treasurer Charles G. Fergus

Office of the Illinois Attorney General 100 W Randolph 12th Fl Betty A. Fergus 9510 Overhill Ave

Chicago, IL 60601

Morton Grove, IL 60053-1018 Business Phone (312) 814-4714 Home Phone (847) 967-0418

Secretary Daniel N. Luber

590 Wharton Dr

Lake Forest, IL 60045-4827

Home Email dluber402@gmail.com

Assistant Secretary

City of Aurora Alex G. Alexandrou 44 E Downer PI Karen L. Alexandrou 640 Blackberry Ridge Dr Aurora, IL 60505-3302

Aurora, IL 60506-8900 **Business Phone** (630) 906-7444 Home Phone (630) 907-2964



# OFFICE OF THE ATTORNEY GENERAL STATE OF ILLINOIS

May 25, 2012

LITTLE CITY FOUNDATION 1760 WEST ALGONQUIN ROAD PALATINE, IL 60067-4799 Lisa Madigan
ATTORNEY GENERAL

RE: RE: Status of LITTLE CITY FOUNDATION under the Illinois Charitable Laws CO# 01003517

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of LITTLE CITY FOUNDATION under the Charitable Organization Laws.

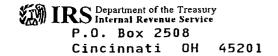
This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01003517. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2011. Please let us know if you require further information.

Sincerely,

Iwona Davis, Compliance Officer Il Charitable Trusts Bureau

100 West Randolph Street, 11th Floor

Chicago, Illinois 60601 Telephone: (312) 814-2595



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 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. Sullivas

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(les) 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).

	e terms and conditions of the policy, artificate holder in lieu of such endors	-		corsen	ient, A state	ment on this	certificate does not com	er rights to the
PRO	DUGER			CONTAC	et .			
L. F	Price Team			PHONE (A/C. No	Est): 312 59	5-6200	FAX (A/G, No):	
Me	sirow insurance Services			E-MAIL AODRES				
353	N. Clark Street Suite 1200			AUDICE	, <u>,,,</u>	INSURER(S) AF	FORDING COVERAGE	NAIC
Chi	cago, IL 60654			INSURE	RA: Philade		nnity Insuranc	18058
INSU						onprofit Co		
	Little City Foundation			NSURE	RC:			
	1760 West Algonquin Roa	a	{	INSURER 0:				
	Palatine, IL 60067			INSURER E :				
				INSURE	RF:			
CO/	VERAGES CER	TIFICATE	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	ADDLSUB	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY		PHPK886811					s 1,000,000
	X COMMERCIAL GENERAL LIABILITY				,		DAMAGE TO RENTED PREMISES (Es occurrence)	s 100,000
	CLAIMS-MADE X OCCUR							s 20.000

	INSK!	MAN.	PULICY NUMBER	(MM/OD/TTTT)	(MIM/DU/TY.TT)	E-41)	
GENERAL LIABILITY			PHPK886811	07/01/2012	07/01/2013		s 1,000,000
X COMMERCIAL GENERAL LIABILITY	1		l		}	DAMAGE TO RENTED PREMISES (Es occurrence)	s 100,000
CLAIMS-MADE X OCCUR				-	]	MED EXP (Any one person)	\$20,000
						PERSONAL & ADV INJURY	s 1,000,000
	1		1	1		GENERAL AGGREGATE	s 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	1 1					PRODUCTS - COMP/OP AGG	\$3,000,000
POLICY PRO- X LOC					<u> </u>		S
AUTOMOBILE LIABILITY	1 1		PHPK886811	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident)	s1,000,000
X ANY AUTO	ii			ł		BODILY INJURY (Per person)	S
AUTOS AUTOS						BODILY INJURY (Per acadent)	\$
X HIRED AUTOS X NON-OWNED AUTOS				į		PROPERTY DAMAGE (Per accident)	S
							\$
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s
EXCESS LIAB CLAIMS-MADE	1				]	AGGREGATE	\$
DED RETENTION \$	L_I						\$
AUD CHOLOVCOOLLIADILITY			WCT1203270	01/01/2012	01/01/2013	X WC STATU- OTH-	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A			1		E L. EACH ACCIDENT	s1,000,000
(Mandatory in NH)				İ		E L DISEASE - EA EMPLOYEE	s1,000,000
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s1,000,000
Professional Liab			PHPK886811	07/01/2012	07/01/2013	\$1,000,000 Occurred	nce
Claims-Made			1	]		\$3,000,000 Aggrega	te
Sexual Abuse			PHPK886811	07/01/2012	07/01/2013	\$1,000,000 Occur/A	99
	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO X LOC  AUTOMOBILE LIABILITY  X ANY AUTO  ALLOWNED AUTOS  X HIRED AUTOS X NON-OWNED AUTOS  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR/PART INEREXECUTIVE Y IMANGATORY IN 191, 191, 195, 195, 195, 195, 195, 195,	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO X LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS  UMBRELLA LIAB OCCUR EXCESS LIAB EXCESS LIAB  OCCUR EXCESS LIABILITY  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE (Mandatory in 14H) If yes, despise under DESCRIPTION OF OPERATIONS below  Professional Liab  Claims-Made	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GENL AGGREGATE LIMIT APPLIES PER:  POLICY PRO X LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X AUTOS  WHRED AUTOS X NON-OWNED AUTOS X NON-OWNED  LIMBRELLA LIAB CCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET OR/PART INEREXECUTIVE Y MANAGROUP IN 1H) Mys. despise under DESCRIPTION OF OPERATIONS below  Professional Liab  Claims-Made	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABRITY  CLAIMS-MADE X OCCUR  GENL AGGREGATE LIMIT APPLIES PER:  POLICY PRO X LOC  AUTOMOBILE LIABRITY  X ANY AUTO ALLOWNED AUTOS X HIRED AUTOS X NON-OWNED AUTOS  UMBRELLA LIAB OCCUR EXCESS LIAB  EXCESS LIAB  OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIET/OR/PARTNER/EXECUTIVE Y  MAN ANY PROPRIET/OR/PARTNER/EXECUTIVE Y  MAN ANY PROPRIET/OR/PARTNER/EXECUTIVE Y  MAN ANY PROPRIET/OR/PARTNER/EXECUTIVE Y  MAN AND EMPLOYERS' LIABILITY ANY PROPRIET/OR/PARTNER/EXECUTIVE Y  MAN ANY AUTO  WCT1203270  PHPK886811  Claims-Made  PHPK886811	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GENL AGGREGATE LIMIT APPLIES PER:  POLICY PRO X LOC  AUTOMOBILE LIABILITY  X ANY AUTO ALL OWNED AUTOS X AUTOS  WHRED AUTOS X NON-OWNED AUTOS  UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE  DED RETENTION \$  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIET OR/PART NEREXECUTIVE Y IN ANY PROPRIET OR/PART NEREXECUTIVE Y (Mandatory in NH) if yes, despribe under DESCRIPTION OF OPERATIONS below  Professional Liab  Claims-Made	GENERAL LIABILITY    CLAIMS-MADE   X   OCCUR	Physical Lability   Physical General Liability   General Agrical General

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
	Join P. Harray

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

PERMIT NUM	1BER:		2012-29							
GROUP NAM	E:	Nat	ational Association of Letter Carriers							
ADDRESS:	3850	S. W	<sup>7</sup> abas	sh Ave	enue.	. Chi	cago.	IL 606:	53	
TELEPHONE				773-0					<del> </del>	
CONTACT PE				ck I. J	ulior	1				
DATE WRITT			EST	WAS	REC	 EIVI	ED:	July 2	25, 201	2
SOLICITATIO				Septer					·	
,									-	
									\	,
							•			
CITY COUNC	Septen	nber	12, 2	012						
COMPLETIO DATE:	N OF F	ILE								
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:										
DATE PERMI	T LET	TER	WA	S SEN	NT T	O OF	RGAN]	IZATIO	ON:	September 12, 2012
VIOLATION (S)										
COMMITTEE LETTER SENT:										
COMPLY	RECE	IVE	D:			·				. <u></u> .
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	Mama of organizations	CHARLES D. DUFFY, BR. N
ı.	Name of organization:	LATIONAL ASSOCIATION OF
		SOFA COUTU WADARU AVE

LETTER CARRIERS CHICAGO, ILLINOIS 60653-1542

Address:

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:

4.

5.

Approximately how many persons will be engaged in the solicitation?

Approx. 150

Explain the methods your organization will use to solicit funds:

Ask for don Ahons to the Muscular Dystrophy Association

Has your organization ever been allowed to solicit for City of Chicago? If so, when?

6.

Yes , last year - 2011 (Oct .2)

- 7. Include the following with your application:
  - A copy of the registration statement filed with the Attorney A. General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.
  - В. 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 The Company of the Company	Title VICE PRE	s?dent Date 7/16/17
Signature	Tiṭle	Date
Signature	Title	Date

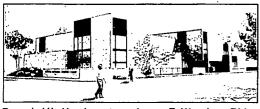
### HOLD HARMLESS AGREEMENT

- 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.C.C.	BRANCH	<b>/</b> /	
Name of organization			

Signature of organization officer

7/16/12 Date



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

# **National Association of Letter Carriers**

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

# CHARLES D. DUFFY BRANCH NO. 11- CHICAGO



### **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.



Authentication #: 1213201428

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 11TH

day of

MAY

A.D.

2012

SECRETARY OF STATE

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

PERMIT NUM	MBER:	: 2012-30			
GROUP NAM	Œ:	The Nature Conservancy			
ADDRESS:	4245 ]	N. Fairfa	ax Drive, Suite 100, Arlington, VA 2	2203	
<b>TELEPHONE NUMBER:</b> 703-841-5324					
CONTACT PERSON: Philip Tabas					
DATE WRITTEN REQUEST WAS RECEIVED: July 25, 2012					
SOLICITATION DATE: September 17, 2012 through December 31, 2012					
			,		
CITY COUNCIL DATE: September 12, 2012					
COMPLETION OF FILE DATE:					
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:					
DATE PERMIT LETTER W		TER WA	AS SENT TO ORGANIZATION:	September 12, 2012	
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: The Nature Conservaincy

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

Telephone Number: 903.841.5324

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

Please see attached.

# Nicole hadavagmail.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-/0 people
- 5. Explain the methods your organization will use to solicit funds:

  Speaking to petential donors at bisy 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
- 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 /

mitte Vice President Date 7/18/12

signature Title Vice Presidenti

### 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.

The Nature Conservancy

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



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



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:		
<ul><li>✓ VP, ASST SECRETARY AND GENERAL COUNSEL</li><li>☐ CHIEF FINANCE AND ADMINISTRATIVE OFFICER</li></ul>		
OTHER OFFICER OF THE CHARITY		
☑ SIGNATURE(S) MUST BE DATED		
☐ SIGNATURE(S) MUST BE NOTARIZED		
•		•
* * *		
Please attach a check* for S 0 made payable to:		
N/A A check in the amount indicated above must be attached in order to process the application.		
A check in the amount incidence above must be anaeried 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:	YES I	10
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 MISDEMEANOR 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?		
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5.		3
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.) 6. ATTACHED	$\boxtimes   \square$	]
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		   
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		3
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		
10. WA'S THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFICATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10.		<u> </u>
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 emp	loy	
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		
NDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STA		

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.

.) 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
PRESIDENT OF TRUSTEE (PRINT NAME)

STEPHEN HOWELL, CHIEF FINANCE & ADMIN OFFICER

TREASURER OF TRUSTEE (PRINT NAME)

IMELDA KNUDSEN, COMPLIANCE SPECIALIST

PREPARER (PRINT NAME)

SIGNATURE

SIGNATURE

DATE

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

Illinois: Response to Q. 6

Name/Address	Туре	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, Cali{ornia 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	ļ
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	

Form IFC Revised 3/05

# REPORT OF INDIVIDUAL FUNDRAISING CAMPAIGN

С	HARITY:	ervancy			. د الا ال	NO - LATER TOTAL ACT
						10 and Ending Deventibe 31, -0242652 2010
_	eiling Address, & South Michigan		-			
_	y, State, Zip Code Chicago Illino		<u>003</u>	Phon		7-580-2100
Co	ntact Person Tracy Thomas	'I'ille ⊃r. L	Mai	Relations Phon	e# <u>51</u>	2-580-2168
P	ROFESSIONAL FUND RAISER (PFR):			J.,		
Na	mo Mary Carol Schlax		'	PFR	#02 - OC	X 996
NA	TURE OF FUNDRAISING ACTIVITY: Spanso	rship sup	purt-t	or Designfar	alwy	y World exhibit.
A.	Tolal Amount Raised		•			\$ 50, COO. co
			PAID		<b>]</b>	
В.	Expenses:	PFR		Charity		ment is for a flat fee and
	I, Professional Fundraiser Fee 1.			29,2000		y one donation has been eived as a result of this
	2 Solicitor Compensation 2.				1 1	rk to date
	3. Salaries 3.	<del></del>			-	
	4. Printing 4.				- '	
	5. Postage 5.				1*~	and frade
	6. Telephone 6.				1' 8	aryment made in Fy. 11
	7. Rent & Utilities 7.			·		in the
	8. Supplies 8.				-	•
	9. Travel	<del>,</del>			-	
	10.				-	
	11.				-	
	12 12.			12 22 20 55 52 52 53 53 53 53 53 53 53 53 53 53 53 53 53		
	13. TOTAL EXPENSES (PFR + Charity) . 13.			29,800.00	B.	s 29,800.00
C.	Total amount received by the charitable organization	itioπ (after all expens	ses are pai	d)	С	\$ 20,200.00
D.	Percentage of Funds received by charlty (Line C divide	. ,	· Λ		. D,	c Pichrneyel VA
E.	Bank where funds are deposited? E.	Bankot	- Hry	ierica IIIE	: Muin	7. 23216
F.	Who (charity or PFR) has signature control of the account	nt(s) listed above?	?	The Nature	Cons	pervancy
G.	Are the expenses in B above ectual expenses for this camp allocated between fundraising campaigns.	oaign? Yes∭or	ivo 🗌	f No, attach a schedule	explaining	în detall, how expenses are
	the undersigned, declare and certify under perjury that we		•	=	•	
stat	ed are true and complete and filed with the Illinois Attorno	y General for the	purpose	of having the people of	the State	of Illinois rely thereupon.
PER	CAMPAIGN h //					
	IAGER (Print Name) Mary Carol Sc	<u>hlax</u>		T	ITI.E Pr	rsident
sigi	IATURE Mary Carol	Schler	'X	ם	ATE 5	V/10/11
	CER, DIRECTOR CHARITY (Print Name) Physics Tabas			Ti	ITLE UP	, Assit See at Course
SIGN	NATURE X / Lis Torce			מ	ATE	2/22/11
_						<del></del>



# ILLINOIS ATTORNEY GENERAL Lisa Madigan

#### www.lllinoisAttomeyGeneral.gov

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Keeping Communities Safe

Advocating for Older Citizens

Safeguarding Children

Defending Your Rights

Preserving the Environment

Helping Crime Victims

**Ensuring Open and Honest** 

Government

Building Better Charities

Mathivet

### **Building Better Charities**

Charitable Database Search





**NATURE CONSERVANCY** 

Reg. Number:

EIN:

01008582 530242652

Reg. Date:

06/22/1976

Address:

4245 N. FAIRFAX DR.

SUITE 100

No county listed

**ARLINGTON VA 22203** 

County:

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



option3\_L\_11\_12\_IN\_DCL\_123\_1112L\_indd 1

10/17/11 4 42 PM

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.					



The mission of The Nature Conservancy is to preserve the plants, animals and natural communities that represent the diversity of life on Earth by protecting the lands and waters they need to survive.

# Allocat the Nature Comservancy:

- 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.





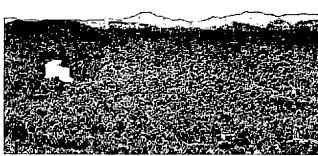




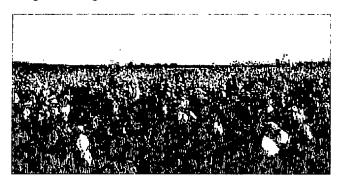
The mission of The Nature Conservancy is to preserve the plants, animals and natural communities that represent the diversity of life on Earth by protecting the lands and waters they need to survive.



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.



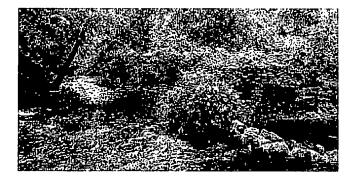
Working towards preserving the Heart of the Adirondacks, we purchased 161,000 acres in 2007, the single largest land purchase to date in New York



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

PERMIT NUN	MBER:	20	12-31			
GROUP NAM	E:	PLAN	International			
				·		
ADDRESS:	155 P	lan W	y, Warwick, RI (	02886		
TELEPHONE	NUMI	BER:	401-738-5600			
CONTACT PI	ERSON	т. Т	essie San Martin			
DATE WRITT	EN RI	EQUES	T WAS RECEIVI	ED:	July 25, 201	2
SOLICITATIO	ON DA	TE:	September 12,	2012 tl	hrough Dece	ember 31, 2012
CITY COUNC	IL DA	TE:	September 12, 2	.012		
COMPLETIO DATE:	N OF F	TLE		·	*	
STATEMENT AND DISTRIE RECEIVED:			CS .			
DATE PERMI	T LET	TER V	AS SENT TO OF	RGANIZ	ZATION:	September 12, 2012
					,	
<u>VIOLATION</u>	<u>(S)</u>					
СОММІТ	TEE L	ETTE	R SENT:			
COMPLY	RECE	IVED				
COMMENTS:						

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

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

1. Name of organization:

#### **PLAN International**

Address: 155 Plan Way, Warwick, RI 02886

Telephone: (401) 738-5600

2. Name of Professional Fundraiser:

#### **Public Outreach Fundraising**

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

Telephone Number: 206-262-9464

Makbika@ Public Ostrach Group. 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:

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

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.

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•			

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

8.

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 matheting 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

U/21/12

See Attached
Chief Financial Officer:
General Counsel & Corporate Secretary:
Chief Audit Executive:
President & CEO:
Chairman:
Q.2: Names, titles, addresses and phone numbers of officers



### 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.



#### 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.



### illinois attorney general Lisa Madigan

www.lllinoisAttorneyGeneral.gov

Press Room <u>Home</u> **Opinions** Other Languages Site Map Contact Us

**About Us Protecting Consumers** Advocating for Women Keeping Communities Safe Advocating for Older Citizens Safeguarding Children Defending Your Rights Preserving the Environment Helping Crime Victims **Ensuring Open and Honest** Government **Building Better Charities** 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

155 PLAN WAY

WARWICK RI 02886-1099 No county listed

County:

Address:

**Assets Income** Fiscal Year \$50,962,105.00 \$88,380,307.00 06/30/2011 06/30/2010 \$25,973,029.00 \$63,724,800.00 \$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 06/30/2004 \$40,243,619.00 \$22,927,653.00 \$34,182,077.00 06/30/2003

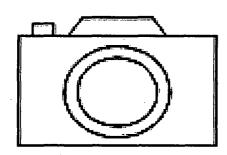
Attorney (	IARITABLE ORGANIZATION AN General LISA MADIGAN Sta	te of Illinois	RT	Form AG990-IL Revised 3/05
AMT	itable Trust Bureau, 100 West R 11th Floor, Chicago, Illinois 606		) #	01003858
	Report for the Fiscal Period:			all items attached: IRS Return
		Make Checks	l Audited	Financial Statements
INIT	<u> </u>	the Illinois Charity	1 \$15 00 /	Form IFC Annual Report Filing Fee
Federal ID # 13-5661832	& Ending 6 / 30 / 2011  MO DAY YR	Bureau Fund	\$100.00	Late Report Filing Fee  MO DAY YR
Are contributions to the organization tax deducti	ble? ⊠ Yes □ No	Date Organization	was creat	
LEGAL NAME Plan International USA, Inc.		Year-end amounts		
MAIL 155 DI M		A) ASSETS	A) \$	50,962,105.00
ADDRESS 155 Plan Way		B) LIABILITIES	B) \$	2,086,085.00
CITY, STATE Warwick, RI 02886-1099 ZIP CODE		C) NET ASSETS	C) \$	48,876,020.00
I. SUMMARY OF ALL REVENUE ITEMS	S DUDING THE VEAD.			
D) PUBLIC SUPPORT, CONTRIBUTIONS & P		PERCENTAGE %	D) \$	AMOUNT
E) GOVERNMENT GRANTS & MEMBERSHIF	`	%	E) \$	68,514,357.00
F) OTHER REVENUES	DOES	%	F) \$	18,601,861.00
G) TOTAL REVENUE, INCOME AND CONTRI	DITIONS DECENTRY (ADD DE 8 EV	100%	G) \$	1,264,089.00
II. SUMMARY OF ALL EXPENDITURES	•			88,380,307.00
H) OPERATING CHARITABLE PROGRAM EXPE		%	H) \$	49,682,966.00
EDUCATION PROGRAM SERVICE EXPENSI		%	I) \$	0.00
J) TOTAL CHARITABLE PROGRAM SERVICE		%	J) \$	49,682,966.00
J1) JOINT COSTS ALLOCATED TO PROGRAM	, ,			47,002,700.00
K) GRANTS TO OTHER CHARITABLE ORGA	<del></del>	%	K) \$	45,550,627.00
L) TOTAL CHARITABLE PROGRAM SERVI	CE EXPENDITURE (ADD J & K)	%	L) \$	
M) MANAGEMENT AND GENERAL EXPENSE		%	M) \$	95,233,593.00 7,172,855.00
N) FUNDRAISING EXPENSE	-	%	N) \$	
O) TOTAL EXPENDITURES THIS PERIOD	(ADDI M & N)	100 %	0)\$	7,602,399.00
III. SUMMARY OF ALL PAID FUNDRAIS	ER AND CONSULTANT ACTIVITIES	HIERALOHORNINI KATUUTU	DEPARTMENT	110,008,847.00
(Attach Attorney General Report of Individual Fund PROFESSIONAL FUNDRAISERS:	raising Campaign- Form IFC One for each PFR			
P) TOTAL AMOUNT RAISED BY PAID PROFE	SSIONAL FUNDRAISERS	100 %	P) \$	251,827.00
Q) TOTAL FUNDRAISERS FEES AND EXPENS	BES	%	Q) \$	1,127,365.56
R) NET RECEIVED BY THE CHARITY (P MINI	•	%	R) \$	- 875,538.56
PROFESSIONAL FUNDRAISING CONSULTANTS S) TOTAL AMOUNT PAID TO PROFESSIONAL	=		S) \$	293,796.00
IV. COMPENSATION TO THE (3) HIGHE	ST PAID PERSONS DURING THE Y	EAR:	SOUTH A	
T) NAME, TITLE: John McGeehan	Chief Operating O		T) \$	181,379,00
U) NAME, TITLE: Scott Schroeder	Chief Marketing C	_	U) \$	177,870.00
V) NAME, TITLE: Audrey Bracey Deega			V) \$	170,830,00
V. CHARITABLE PROGRAM DESCRIPT			List on I	pack side of instructions CODE
		ULU) CODE CATEGORIES	W) #	
W) DESCRIPTION. Program and Technica			X) #	115
X) DESCRIPTION: Development Education	on		Y) #	300
Y) DESCRIPTION Advocacy Programs			L., "	012

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? 1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		×
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 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?		×
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		×
6	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6	×	
7 a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR  LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		X
7b	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ ;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ ;(iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ , AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$		
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED  PURPOSES? 8	VIII	×
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?9.	越極	X
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?10	分析系	X
11,	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
	Bank of America, 10 North Main Street, Fall River, MA 02720		
		_	
12	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Amy Milanowski 816-472-9000		
AL	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS		
AND T FRUE STATE	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF ILLINOIS RELY THEREUPON I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE RECENT OF THE JURISDICTION OF THE STATE OF ILLINOIS.	ATED .E OF GISTF	ARE THE
1.) REF MOI 2.) FOF	A, Teresa "Tessie" (Gutierrez) San Martin  PRESIDENT OF TRUSTEE (PRINT NAME)  PRESIDENT OF TRUSTEE (PRINT NAME)  PRESIDENT OF TRUSTEE (PRINT NAME)  David A, Cannata  TREASURER OF TRUSTEE (PRINT NAME)  TREASURER OF TRUSTEE (PRINT NAME)  SIGNATURE  OMPLETE ARE SUBJECT TO A	DAT LI DA	re 201

PREPARER (PRINT NAME)

SIGNATURE

DATE



## Name





to change the world

155 Plan Way Warwick, RI 02879 1-800-556-7918 planusa.org/f2f



We cannot accept cash donations

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

PERMIT NUMBER: 2		2	2012-32					
GROUP NAME: Sal		Salu	ute, Inc.					
ADDRESS:	ESS: 14 N. Bothwell, Palatine, IL 60067							
TELEPHONE	NUMI	BER:	847-	359-8811				
CONTACT PI	ERSON	J: /	Tom Hos	om Hoskinson				
DATE WRITT	DATE WRITTEN REQUEST WAS RECEIVED: July 25, 2012							
SOLICITATION	ON DA	TE:	Septe	September 14, 2012				
			•					
·								
CITY COUNCIL DATE: September 12, 2012								
DATE:	COMPLETION OF FILE DATE:							
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:								
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: September 12, 2012								
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: SALUTE INC.
	Address: 14 N. BOTHWELL PALATINE IL 6006
	Telephone Number: (847) 359-8811
2	Vice the grace helevy to list names, enquent necitions, useful and a difference and

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

TOM HOSKINSON 5605 N. OTTAWA CHICAGO, IC B47-B77-2021 BOARD MEMBER MARYBETH BEIERSDORF 2615 N DOVGLAS ARLWGTON HTS, IC 847-343-8330 EXECUTIVE DIRECTOR List the date and approximate location(s) of solicitation:

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

14 SEP12 MILWANKEE/IRVWG AND OTHERS IF

ADDITIONAL VOLUNTEERS WE FOUND

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

5. Explain the methods your organization will use to solicit funds:
TAGDAY. HAND OUT JELLY BELLY
CAUDY 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 ATMCHED LETTER

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

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

Signature Signature Tom Hoskinson	The BOARDA	uling nection Date  OORDUATOR  NEMBER Date 9	9/20/2 AUG-12
Signature	Title	Date	

#### **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.

Name of organization

Signature of organization officer

Date





#### 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,

Takiyah Martin Barnes, Compliance Officer

Charitable Trusts Bureau

100 West Randolph Street, 11th Floor

Chicago, Illinois 60601

Telephone: (312) 814-2595

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

PERMIT NUMBER:		20	2012-33					
GROUP NAME: St		St. Ma	. Mary of Providence					
ADDRESS:	ADDRESS: 4200 N. Austin Avenue, Chicago, IL 60634							
TELEPHONE	NUMI	BER:	773-545-8300					
CONTACT PI	ERSON	i: Sı	Sr. Florine Licavoli					
DATE WRITT	DATE WRITTEN REQUEST WAS RECEIVED: July 25, 2012							
SOLICITATION DATE:			September 6-8, 2012					
CITY COUNC	EIL DA	TE:	September 12, 2012					
COMPLETION OF FILE DATE:								
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:								
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: September 12, 2012								
					•			
VIOLATION (S)								
COMMITTEE LETTER SENT:								
COMPLY RECEIVED:								
COMMENTS:	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: 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, Sr. Patricia McCafferty, Sr. Florine Licavoli

President Vice President Treasurer

4433 N. Mason St. Mary of Providence St. Mary of Providence Chicago, IL 60630 4200 N. Austin Ave. 4200 N. Austin Ave. 773-383-3414 Chicago, IL 60634 Chicago, IL 60634

773-545-8300 773-545-8300

//3-545-8300 //3-545-6500

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 Laure Harrity Title Mesedent	Date <i>07-06-12</i>
X	Signature & Jalke Mc Loftato, Title These Next	Date 16/6/12
	Signature A Harrie June 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

United States Conference of Catholic Bishops 3211 4<sup>th</sup> Street, NE Washington, DC 20017-1194 **Employer Identification Number:** 53-0196617

**Group Exemption Number:** 

0928

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.

conors 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 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 detters. 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,

Cindy Thomas

Manager, Exempt Organizations

andy Mervices

Determinations

Chap.; Sr. Alverda Bonifas, O.P., Chap; Rabbi Norm Lewison. Sponsored by Sisters of the Holy Family of Nazareth & Sisters of the Resurrection., An Affiliate of Resurrection Health Care. Bassinets 31; Bed Capacity Assisted Annually 190,924. 402; Patients

Saints Mary and Elizabeth Medical Center, 2233 W. Division, 60622. Tel: 312-770-2000; Fax: 312-770-2392. Web: www.smemc.reshealth.org. Sandra Bruce, Pres.; Margaret McDermott, Exec. Vice Pres. & CEO; Isidro Gallegos Rodriguez, Coord., Pres. & CEO: Isidro Gallegos Rodriguez, Coord., Spiritual Sves.; Most Rev. Enrique Rivera Hernandez (Puerto Rico), Chap.; Revs. William G. Hubmann, C.PP.S., Chap.; Ihor Koshyk. Chap.; Skariya Poulose, M.S.T., Chap.; Daniel R. Steiner, Chap.; Sr. Blanche Zalewski, C.S.F.N., Chap.; Michael Doyle, Chap; William F. Kramer, Chap. Sponsored by Sisters of the Holy Family of Nazareth & Sisters of the Resurrection., An Affiliate of Resurrection Health Care. Bed Capacity-Saint Mary Campus 325; Bed Capacity-Snint Elizabeth Campus 251; Patients Assisted Saint Elizabeth Campus 251; Patients Assisted Annually 93,958; Total Staff 2,115.

Mercy Hospital and Medical Center, Mercy Hospital and Medical Center, 2525 S. Michigan Ave., 60616-2477. Tel: 312-567-2100; Fax: 312-567-575 Web: www.mercy-chicago.org. Sr. Sheila Lyne, R.S.M., Pres. & CEO. Tel: 312-567-2580; Fax: 312-567-6575; Rev. Martin J. Hebda, Vice Pres., Spirituality & Mission. Tel: 312-567-2045; Fax: 312-328-7741. Sisters 5; Bed Capacity 479; Staffed Beds 305; Patients Assisted Annually 338,019.

Affiliates:

Mercy Health System of Chicago Mercy Family Health Center Mercy Services Corp.

Mercy Foundation, Inc.

Mercy Health System of Chicago Liability Self-Insurance Trust

Mercy Medical at Dearborn Station (Outpatient Physician Offices), 47 W Polk St, 60605. Tel: 312-922-3011.

Mercy Works at Dearborn Station, 47 W. Polk St., 60605. Tel: 312-922-3011; Fax: 312-922-5860.

Mercy Medical in Chinatown (Outputient Physician Offices), 2347 S. Wentworth, 60616. Tel: 312-842-0010

Mercy Medical on Pulaski Mercy Medical on Pulaski (Outpatient Satellite Facility), 5525 S. Pulaski Rd., 60629. Tel 773-585-1955; 773-284-5268. Mercy Works on Pulaski, 5635 S. Pulaski Rd., 60629.

Tel: 773-284-5278; Fax: 773-585-0395.

Mercy Medical on Michigan, 2930 S. Michigan Ave., 60616. Tel: 312-808-0400.

Mercy Works on Ashland, 3316 S. Ashland, 60608.

Tel: 773-254-2133.
Mercy Medical in Chatham, 8541 S. State St.,

60619. Tel: 773-994-2300.

\*Our Lady of the Resurrection Medical Center, 5645
W. Addison, 60634. Tel: 773-282-7000; Fax: 773-794-7671. Web: www.olr.reshalth.org Santra Bruce, Pres.; Ivette Estrada, Exec. Vice Pres. & CEO; Mr Robert Shuford, Coord., Spiritual Svcs.; Revs. Abraham M. Jacob (SYM), Chap.; Tomy Vadakevattukula, M.S.T. (India), Chap.; Sisters Sebastiana Filip, C.F.S.N., Chap.; Mary Hedwig Kuczynski, C.R., Chap.; Kathleen Ponce, Chap. Sponsored by Sisters of the Holy Family of Nazareth & Sisters of the Resurrection., An Affliate of Resurrection Health Care. Bed Affiliate of Resurrection Health Care. Bed Capacity 264; Patients Assisted Annually 186 187.

Resurrection Medical Center, 7435 Talcott Ave., 60631. Tel: 773-774-8000; Fax: 773-990-7626. Web: www.reshealth.org. Sandra Bruce, Pres.; Sr. Donna Marie, C.R., Exec. Vice Pres. & CEO; James Croegaert, Coord., Spiritual Svcs.; Revs Mykola Buryadnyk, Chap; Kevin R. Fane, O.P., Chap; Saji George Mukkoot, Chap., Jerome Onwughalu, C.S.Sp., Chap.; Sisters Dominic Rossell, C.R., Chap.; Agnes Chimbayo, R.S.C.J., Chap.; Mr. Habteghabr Anisera, Chap.; Michael Doyle. Chap. Sponsored by Sisters of the Holy Family of Nazareth & Sisters of the Resurrection. Resurrection Medical Center, 7435 Talcott Ave. Family of Nazareth & Sisters of the Resurrection. An Affiliate of Resurrection Health Care. Bed Capacity 360; Patients Assisted Annually 222,077; Student Nurses affiliated with Nurses-Triton College 40; Student Nurses, Oakton Community College 20; Chicago Board of Education 12.

HICAGO HEIGHTS. Franciscan St. James Health, 1423 Chicago Rd., 60411. Tel: 708-756-1000; Fax: 708-756-6863. Web: www.stjameshospital org. 20201 S. 756-6863. Web: www.stjameshospital org. 20201 S. Crawford Ave., Olympia Fields, 60461. Tel: 708-747-4000; Fax: 708-503-3270. Mr. Seth C.R. Warren, Pres. & CEO; Sr. M. Madonna Rougeau, O.S.F., Vice Pres. Mission Integration; Rev. Ronald L. Kondziolka, Chap. Franciscan Alliance, Inc. Sisters 4; Bed Capacity 476; Patients Assisted Annually 180,094; Total Staff 1840

St. James Community Foundation, 123 Rd., 60411. Tel: 708-756-1000; Fax: 753 Email: tom.senesac@ssfhs.org. Thomas Rd., 60411. 1et: 100-100 Email: tom.senesac@ssfhs.org. Thomas

Treas.

Alverno Clinical Laboratories, 1423 (Co. 1001). Tel: 708-756-1000; Fax: 708-756 (Co. 1001). Thomas W. S.

DES PLAINES. Holy Family Medical Co. 3 PLAINES. Holy Family Medical Cells River Rd., 60016. Tel: 847-297-1800, Parts 1863. Web: www.reshealth.org. Sand Pres.; John Baird, Exec. Vice Pres. 2007. 3 Pres.; John Baird, Exec. vice Pres. & Kenney Gorman, C.F.X., Coord, Spring Revs. Stepan Kostiuk (STN), Chap. Mysliwiec, Chap.; Mr. Richard Nashill Bridget Zanin, M.S.C., Chap. Springet Zanin, M.S.C., Chap. Springer Zanin, An Affiliate of Page 18th Resurrection. An Affiliate of Page 18th Resurrection. of the Resurrection., An Affiliate of Realth Care. Bed Capacity 252 Assisted Annually 98,233.

Assisted Annually 98,200.

ELK GROVE VILLAGE. Alexian Brothers Medical 800 Biesterfield Rd., 60007-3392 Telescope 847-981-5774. Email: john 800 Biesterfield Rd., 50001-3592, Tell 5500; Fax: 847-981-5774, Email: john alexian.net. Web: www.nlexianbrothend John Werrbach, Pres. & CEO: Rec John Werrbach, Pres. & CEO, Bell Chap.Coord.; James Gullickson, Manager Pastoral Educ.; Phyllis Harman, Caller, Chap.; Lauren Ivory, Chap.; R. Matthews W. Chap. Matthews 19 Sattler, Chap.; Lauren Ivory, Chap.; Kunnalakattu, Chap.; Matthew Vars. William E. Veith, Chap.; Congregation Brothers, Immaculate Conception Parent Institution: Alexan Brother Network Licensed Bods 387; Lay. Spatients Assisted Annually 404,045...

EVANSTON. Saint Francis Hospital, 355 60202. Tel: 847-316-4000; Fax: 847-318.70 60202. Tel: 847-316-4000; Tax: 847-318-764 www.sfh.reshealth.org. Sandra Bng. J Jeffrey Murphy, Exec. Vice Pres. & Co. Murphy, Coord. Spiritual Sycs.; Revi Victimasiskal SAC. Chan Murphy, Coord. Spiritual Sycs., news, Kuttiyanickal, S.A.C., Chap. Roselada, O.F.M., Chap.; Rabbi llenent Chap. Sponsored by Sisters of the Holy, Nazareth & Sisters of the Resurre Affiliate of Resurrection Health Carl 375; Patients Assisted ? Capacity

EVENGREEN PARK. Little Company of Maryland Health Care Centers, 2800 W. 95th St. and Health Care Centers, 2800. W. 9511 32 Tel: 708-422-6200; Fax: 708-422-978. www.lemh.org. Sr. Kathleen McIntyre, 100 Chm; Dennis Reilly, Pres., Mary Jo Garen, Mary Jo Garen, Mary Jo Garen, Mary Jo Garen, Chap., Chap.; Bro. Brian Boyle, Chap. Chap.; Bro. Brian Boyle, Chap. Chap.; Deacon Rick Feltes, Chap. Chap.; Margaret, Mr. Chap.; Margaret, Mr. Chap.; Margaret Schneider, Chap.; Joelin Chup.; Deacon Richard Warfield, Mg. R. Chap.; Deacon Richard Warfield, Mg. R. Care.

The Little Company of Mary Hospitalia Care Centers Sisters of the Little Community 19; Bed Capacity 298; Basin Patients Assisted Annually 237,452. Affiliates:

Little Company of Mary Auxiliary; 2800, W.C.

60805. Tel: 708-229-5447.

Little Company of Mary Affiliated Service 2800 W. 95th St., 60805. Tel: 708-422-62-5100; Fax. 708-425-9369.

Palos Office Center, 12450 S. Harlem, Palos Office Center, 12450 S. Harlem, Palos 60463. Tel: 708-448-1207; Fax. 708-361-300 Oak Lawn Care Station, 5660 W. 95th S. Lawn, 60453. Tel: 708-499-2273; Par. 17705.

Burbank Office Building, 4901 W. 79th St. 60459. Tel. 708-424-2273; Fax: 708-857-311 Mary Potter Pavilion, 2850 W. 95th St., 508 708-229-5148.

T08-229-5148.

Little Company of Mary Hospital Foundation
W 95th St., 60805. Tel: 708-229-5022; Fart
6525. Brian Lepacek, Exec. Dir.

Little Company, of Mary Health Systems at green Park, 2800 W. 95th St., 60805. Tel: 6200, Ext. 5004. Dennis Reilly, Pres. Strickers, Tosco Store Strickers. Stickney, Treas.; Kevin Egan, Sec.

HOFFMAN ESTATES Alexian Brothers Health Hospital, 1650 Moon Lake Blvd, Tel: 847-882-1600; Fax: 847-755-800 www.alexianbrothershealth.org. Clayton CEO & Pres.; Stan Kedzior, Dir Integration; Michele Guest, Coord Congregation of Alexian Brothers; Inc. Conception Province. Total Staff 591; Bade 141. Periost Assistant Assistant Staff 591; Bade 141. Periost Assistant Assistant Staff 591; Bade 141. Periost Assistant Staff 591; Bade 141. Pe Beds 141; Patients Assisted Annually 18

Alexian Brothers Health System Tel: 847. Fax: 847-483-7036.
Alexian Brothers Hospital Network

7147; Fax: 847-483-7036. St. Alexius Medical Center, 1555 Barrias

Tel: 847-843;2000; Fax: 847-490-2570. Web: Tel: 847:843:2000; Fax: 847-490-2570. Web: contains the rest of the first of the fi

Annually institutions:
Significations:
Righters Health System Tel: 847-385-7147;
19483-7036.
Righters Hamilton M. Brithers Hamilton M. Britan M. Brithers Hamilton M. Britan M. Br Brothers Hospital Network Tel: 847-385-1876::847-483-7036.

Supri: CPE Mgr.; Revs. James J. Creighton, GPE, Supri; Monica Isaac, M.Div.; Ms. Leff, Brannigan, M.T.S.; Revs. Matthew M.Div.; Alin Dogaru, Romunian Catholic Grubba, M.Div., M.A.; Sisters Frannit, O.S.F.; Cyrilla Zarek, O.P., M.A.; Mrs. Jandeska, M.Div.; Mrs. Deirdre Manning-Rev. Lee Smits, M.Div Bed Capacity 568; 18 June 1988.

70304. Tel: 708-383-9300; Fax: 708-660-6658. 6334. Tel: 708-383-9300; Fax: 708-660-6658.
Brite M. Elegant, Pres. & CEO; Aoife Lee, Spiritual Care i Mission; Ian C. Burch, Sylvis Fromme, Chap.

7 Spiritual Care i Mission; Ian C. Burch, Sylvis Fromme, Chap.

7 Oak: Park Hospital Wheaton Franciscan

7 Bed; Capacity 175; Total Staff 708;

ion University Tel: 708-763-6530; Fax: 708-1631; Email: admissions@wcn.edu. Web: www-du. Rebecca Jones, D.N.Sc., R.N., C.N.A.A., G. Chancellor. Accredited by the Commission on Printe Nursing Education, Higher Learning Colleges and Schools and approved by the roll Department of Financial and Professional Charles Degrees Offered: Bachelor of Science Nursing (BSN), Master of Science in Nursing SN). Students 209.

#### (K) HEALTH CARE CENTERS

1088. Basil Health Scruice - Free People's 1089 1850 W. Garfield, 60609 Tel: 773-436-1680 Fax: 773-436-2749. Patients Assisted nlly 5,000.

Proviso Family Services, Incilian Behavioral Health, d.b.a. ProCare [ri 1820 S. 25th Ave., 60160. Tel: 708-681-[Fax: 708-681-1289. Web: www.reshealth.org. Behavioral Health Sponsored by the criff the Holy Family of Nazareth & Sisters the Resurrection., An Affiliate of Resurrection Care., Patients Assisted Annually 20,000.

## LE PROTECTIVE INSTITUTIONS

Shouse of the Good Shepherd, 1114 W. Grace (2013). Tel: 773-935-3434; Fax: 773-935-3523.

Cof the Good Shepherd Sisters of The Good Pherd. Shelter for abused women with draw. Sisters 4; Capacity (Families) 14; Total

Chicago, 2010 W. Carroll Ave., 60612. Tel:
28-1278; Fax: 708-863-1273 (Call first).
Larchechicago@sbcglobal.net. Web-tarchechicago.org; Alexandra Conroy, analty Lender & Dir. L'Arche is people with hibbur intellectual disabilities sharing life in munities of faith. Mutual relationships and unities of faith. Mutual relationships and

in God is at the heart of our life together.

73.6f. Providence, 4200 N. Austin Ave., 60634.

773-545-8300; Fax: 773-545-8035. Email:

11.66 Email: The besief of the control of the contr to Zdanowski, Admin., Rev. Thomas A. Clanowski, Admin., Rev. Thomas A. Clanowski, Admin., Rev. Thomas A. Clanowski, Mary of Providence, and the control of t

Bhiers of St. Mary of Providence, dopmental training and residential care of dopmentally disabled adults. Sisters 8; Total 180; Total Assisted Annually 120; Bed

Body 94. Senter, 6300 N. Ridge, 1941 Part of Mercy Center, 6300 N. Ridge Furdia/Heart of Mercy Center, 6300 N. Rugge. 321017. Tel: 773-973-6300; Fax: 773-973-5214. Connelly, R.S.M., Exec. Dir. Asst. Exec. Dir. Childrer developmental disabilities. Total Staff 990; Bed Capacity Annually 612.

BARTLETT. Bartlett Learning Cen 60103. Tel: 630-289-4221; Michael Meis, Prin.; Librarian.

Barlett Learning Center, I Academy and Cupertino Hon Sisters of St. Joseph, Third Operates Bartlett Learning Program and the Cupertine IL. Day School program se delayed and multiple han ages 3 to 21. Day School Pridentified LD, BD, EMH, TM D, BD, BALL, Impaired, At Language Integrated developmentally delayed gen Sisters 2; Lay Staff 88 Annually 115.

LAKE ZURICH. Mt. St. Joseph Hor. 12, 60047. Tel: 847-438-505( Email: msjlz@aol.com. Web: Sr. Gertrude Barbera, D.S.I Aloysius Romanski, O.F.M.C by the Daughters of St. 1 Intermediate care for deve women. Sisters 6; Total Sta Annually 130.

RIVER FOREST. Big Sisters, P.O. 708-488-8893. Web: bigsiste Susan Duffy, Pres.; Mrs. Ma Pres.

TINLEY PARK. St. Coletta's of Crossing Dr., 60487. Tel: 70; 342-2579. Web: www.stcole Kottmeyer, Exec. Dir. Spons St. Francis of Assisi. Reside job training & job placemen disabled children and adults Assisted Annually 400; Total Divisions: Lt. Joseph P. Kennedy Jr. Sch.

708-342-5200; Fax: 708-342-5 Vocational Job Training Cen 708-342-5200; Fax: 708-342-5 St. Coletta's of Illinois Four 5246; Fax: 708-34 bsiwinski@stcolettail.org. Al

#### [M] SENIOR CARE IN:

CHICAGO. Cortland Manor Retire Karlov, 60639. Tel: 773 Scholle, Admin. Catholic Development Corporation. C Franciscan Communities dba Chicago 4021 W. Belmont & 328-5500; 800-524-61 franciscancommunities.com. www.stjosephvillageofchicago Slawinski, Admin.; Rev. Jo Chap. Sisters 8; Licensed Be

Jugan Terrace, 2300 N. Racine 9600; Fax: 773-935-9614. littles Sixtem for the property of the sixtem Little Sisters of the Poor of Housing Apts. 50. Little Sisters of the Poor Cente

N. Lakewood Ave., 60614. To 773-935-9614. Sr. Patricia M Little Sisters of the Poo Intermediate and skilled car Residents 76, Bed Capac Assisted Annually 100.

Resurrection Life Center, 73 60631. Tel. 773-594-7400, Fa www.seniors.reshealth org Nancy Razo, Admin.; Lesz Spiritual Svcs.; Sisters M. L Chap; Elaine Skrzypczynsł division of Resurrection Ser intermediate and sheltered Capacity 162.

Resurrection Retirement Co Peterson Ave , 60631. Tel 77 792-8316. Web: www.resheal Pres.; Sr. Kathleen Ann St Dir; Leszek Baczkura, Co Lawrence Valentine, Cha Resurrection Health C Resurrection Senior Services Apartments 435, Assisted I Total Staff 102; Total Assiste

DES PLAINES Holy Family Nursi Center, 2380 Dempster, 600 847-296-20 Fax: www.seniors.reshealth.org Anthony Madl, Admin.; Les



It 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.

Haura Marsity Signature of organization officer	Haura Harrity. Signature of organization officer	Name o	of organization	
Signature of organization officer	Signature of organization officer	Ti	rura Harrites	
		Signatu	re of organization officer	
•			•	
07-06-12		Date		

St. Mary of Providence



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2012

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).

certificate holder in lieu of such endorsement(s).								
PRODUCER 1-800-807-0300	CONTACT NAME Christian Brothers Services							
Artex Risk Solutions, Inc. (CB)	PHONE (A/C, No, Ext): 1-800-807-0300 FAX (A/C, No). 1-630-378-2508							
Two Pierce Place	E-MAIL ADDRESS							
Itasca, IL 60143-3141	INSURER(S) AFFORDING COVERAGE NAIC #							
ICASCA, IL BUI43-3141	INSURER A : PRINCETON EXCESS & SURPLUS LINES INS 10786							
INSURED	INSURER B :							
Brothers of the Christian Schools & Affiliates, Including	INSURER C							
Loc. #: 1046002, ST MARY PROVIDENCE SCHOOL 1205 Windham Parkway	INSURER D .							
•	INSURER E							
Romeoville, IL 50446	INSURER F :							
COVERAGES CERTIFICATE NUMBER: 27556666	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 TYPE OF INSURANCE ADDL SUBR INSR WVD POLICY NUMBER	POLICY EFF POLICY EXP LIMITS							
A GENERAL LIABILITY X G2-A3-EX-0000019-06	06/15/12 06/15/13 EACH OCCURRENCE \$ 2,000,000							
X COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included							
CLAIMS-MADE X OCCUR	MED EXP (Any one person) \$ 15,000							
	PERSCNAL & ADV INJURY \$ Included							
	GENERAL AGGREGATE \$ N/A							
GEN'L AGGREGATE LIMIT APPLIES PER	PRODUCTS COMP/OP AGG \$ Included							
X POLICY PRO- JECT LOC	\$							
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident)							
ANY AUTO	BODILY INJURY (Per person) \$							
ALL OWNED SCHEDULED . AUTOS	BODILY INJURY (Per accident) \$							
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)							
	\$							
UMBRELLA LIAB OCCUR	EACH OCCURRENCE \$							
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$							
DED RETENTION \$	S							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCSTATU OTH- TORY LIMITS ER							
ANY PROPRIETOR/PARTNER/EXECUTIVE N/A	F L EACH ACCIDENT \$							
(Mandetory in NH)	E.L. DISEASE - EA EMPLOYEE \$							
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L DISEASE POLICY LIMIT \$							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) Only the General Liability Coverage will apply on a Primary and Non-Contributory basis if required by fully executed written contract. Certificate Holder is added as Additional Insured for the General Liability coverage solely, strictly and specifically with regards to:								
ANNUAL HAVE A HEART TAG DAYS SEPTEMBER 6,7,8, 2012								
CERTIFICATE HOLDER	CANCELLATION							
CITY OF CHICAGO COMMITTEE ON FINANCE ALDERMAN EDWARD BURKE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
CITY HALL, ROOM 302	AUTHORIZED REPRESENTATIVE							
CHICAGO, IL 60602	Latterns Cyf-							
USA	X- werever styll							



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

PERMIT NUN	IBER:	2013	)12-34				
GROUP NAM	E:	Kiwani	iwanis Clubs of Chicago				
ADDRESS:	6963	W. Baln	lmoral, Chicago, IL 60656				
TELEPHONE NUMBER:			773-545-8300				
			naron Hoff				
DATE WRITTEN REQUEST WAS RECEIVED: August 27, 2012							
SOLICITATION DATE: September 27-29, 2012							
	SOCIETATION DATE. September 27-23, 2012						
				· · · · · ·			
CITY COUNCIL DATE: September 12, 2012							
COMPLETIO DATE:		<u>_</u>	500000000000000000000000000000000000000				
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:							
DATE PERM	IT LET	TER W	WAS SENT TO ORGANIZATION: September 12, 2	012			
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: KIWANIS CLUBS OF CHICAGO

Address: 6963 W. BALMORAL AVE CHICAGO PL

Telephone Number: 173-206-4633

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 CHICACO IL 60656

ANTHONY MORIZZO, V.P. TWESTLAKE, BARRING-TON, IL

JOHN J. MALONE, TREASURER, 5418 N. LYNCH AVE. CHICAGO

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:

  SCHOLARS th PS TO LOCAL H.S. + GRADE SCHOOLS

  SPASTIC PARALYSIS RESEARCH.
- 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.
- The subject organization assumes full responsibility for risk of bodily injury, death 2. 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.

Name of organization

Signature of organization officer Pusilous

8-24-2012

## 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_	Sharon a Hoff Pitle	President	Date <u>8/24/</u> /
Signature_	Title_		_Date
Signature	Title		Date



ERTIFICATE OF LIABILITY INSURANCE 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). 800-678-0361 CONTACT PRODUCER 800-678-030 PHONE PHONE (AIC, No. Ext): Hylant Group Inc-Indianapolis FAX (A/C, No): 301 Pennsylvania Parkway, #201 Indianapolis, IN 46280 ADDRESS: Donald J. Thompson Jr. INSURER(S) AFFORDING COVERAGE NAIC # 019437 INSURER A: Lexington Insurance Company INSURED Kiwanis International INSURER B: All Clubs and Their Members INSURER C : EDISON NORWOOD O'HARE INSURER D % Sharon Hoff INSURER E : 6963 W Balmoral Chicago, IL 60656 INSURER F **REVISION NUMBER: COVERAGES** CERTIFICATE 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. ADDL SUPR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY 2,000,0 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 11/01/11 11/01/12 500,0 Α X COMMERCIAL GENERAL LIABILITY X 013136005 5 CLAIMS-MADE X OCCUR 5.0 MED EXP (Any one person) s X AGG PER DISTRICT 2,000.6 PERSONAL & ADV INJURY S X LIQUOR LIABILITY 11/03/11 11/01/12 2,000,0 013136005 GENERAL AGGREGATE S PRODUCTS - COMPIOP AGG 2,000,0 GEN'L AGGREGATE LIMIT APPLIES PER 2 POLICY PRO-Liquor Li 1,000,0 S COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1.000.0 (Ea accident) 11/01/12 BODILY INJURY (Per person) 013136005 31/01/11 s ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE 3 X Х HIRED AUTOS AUTOS )( AGGREGATE s 3,000,000 UMBRELLA LIAB OCCUR EACH OCCURRENCE ŝ EXCESS LIAB \$ **CLAIMS-MADE** AGGREGATE DED RETENTIONS s WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE 5 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | 5 SELF - INSURED 013136005 21/01/11 11/01/12 ALL CLAIM 75.0 RETENTION DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as Additional Insured as respects to General Liability regarding the following Kiwanis event: Sept 28,29,30, 2012 or any other future date(s) during policy term -Peanut Day Fundraiser (Setup, takedown, rain date(s) are included) **CERTIFICATE HOLDER** CANCELLATION ALLCERT SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Chicago Transit Authority + City of Chicago AUTHORIZED REPRESENTATIVE City Hall Rm 302

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Chicago, IL 60602

Demodal

#### **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:
  - 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
  - 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. Breanshan