

GROUP NAME: American Legion Illiana Post

ADDRESS: 10506 South Ewing Avenue, Chicago, IL 60617

TELEPHONE NUMBER R: 773-734-3856

CONTACT PERSON: John Clarke, Jr.

DATE WRITTEN REQUEST WAS RECEIVED: May 25,2011

SOLICITATION DATE: May 26-29, 2011

CITY COUNCIL DATE: June 8, 2011

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: May 25, 2011

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: Merits L^to^ XK'^-** ^ 0j^

Address:)oSou i- Icwjk^, CUfcjo , -IL U<tn

Telephone Number: T"!:> - 1 3^-38SI

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

1 \r-L?_ s. E^j Art. VJo*V^, JWAVlwy

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

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1©L ,VoV, \VV , vol. I. I*H * Avt C

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

- 10 -

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

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

^c~tx -rU. Mo**

7. Include the following with your application:

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

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

8.

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

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATE THAN 30

DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

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

Signature

Title %.\J^L^h^ Date ~^7^M +>

Signature_

Title

Date

Signature_

Title

Date

HOLD HARMLESS AGREEMENT

2.

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 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.

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

§5-IS - 2oU

Date

Form 990-EZ

Depaifei.it <http://Depaifei.it> sftreasury Internal Services

Short Form

Return of Organization Exempt From Income Tax

Under section 501 (c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$530,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: 1
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Initial 1_1
return ({Termin
-L__Jated
(1 Amended
^return 1 |
Appljation
1_lpMrJmg

C Name of organization AMERICAN LEGION POST #220
0 Employer Identification number 36-6092880
Number and street (or P.O. box, if mail is not delivered to street address) Room/suE Telephone number 773-734-3856
City or town, state or country, and ZIP + 4 CHICAGO, IL 60617 F Group Exemption Number ▶

• Section 511(c)(3) organizations and 511(a)(1) nonexempt organizations must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:
Cash
Accrual
Other (specify) ▶
H Check ▶ QD if the organization is not required to attach Schedule B (Form 990-EZ)

I Website: J ▶ N/A
Tax-exempt status [check only one) -ES 501(s) (19 'j < ,_» 4947(a)(1) or I_1 527

If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts: if \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

§ 501(c)(3) organizations
1 2 3 4
5a b c
6
a
b c
7a b c
8 9
5a
5b
Contributions, gifts, grants, and similar amounts received
Program service revenue including government fees and contracts
Membership dues and assessments.....
Investment income.....
Gross amount from sale of assets other than inventory.....
Less: cost or other basis and sales expenses.....
Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here
Gross revenue (not including \$ of contributions

reported on line 1)..... 6a
Less: direct expenses other than fundraising expenses.....
Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
Gross sales of inventory, less returns and allowances.....
Less: cost of goods sold.....
Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
Other revenue (described SEE STATEMENT
Total revenue. Add lines 1,2,3,4,5c, 6c, 7c, and 8 ■.....

6b
7a
7ta
10 11 12 13 14 15 16 17
Grants and similar amounts paid (attach schedule)
Benefits paid to or for members.....
Salaries, other compensation, and employee benefits
Professional fees and other payments to independent contractors
Occupancy, rent, utilities, and maintenance.....
Printing, publications, postage, and shipping!
Other expenses (describe ► _

SEE STATEMENT

Total expenses. Add lines 10 through 16
18 Excess or (deficit) for the year (Subtract line 17 from line 9)
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
20 Other changes in net assets or fund balances (attach explanation).....
21 Net assets or fund balances at end of year. Combine lines 18 through 20

Part II i Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

22 23 24 25 26 27
(See the instructions for Part II.; Cash, savings, and investments Land and buildings
Other assets (describe ► _
Total assets
932171 02-08-10
Total liabilities (describe _
Net assets or fund balances (line 27 of column ffl must agree with line 21)

LHA
Form 990-EZ C2Z

fat Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

1
' 590405 747703 FADAMER1484 2009.05070 AMERICAN LEGION POST
#220 FASA^v~

jQ-EZ (2009) AMERICAN LEGION POST #220
36-6092880 Page2

mm Statement of Program Service Accomplishments (See the instructions for Part m.)

f jf is the organization's primary exempt purpose?AMERICAN LEGION POST_
.escribe what was achieved in carrying out the organization's exempt purposes, in a dear and concise manner, describe die services provided, the number of persons benefited, and other relevant information for each program title._

Expenses
(Required for section 601(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 AMERICAN LEGION POST

(Grants \$
) If this amount includes foreign grants, check here

28a
29

(Grants \$
) If this amount includes foreign grants, check here

►

29a
30

(Grants \$) If this amount includes foreign grants, check here
 30a
 31 Other program services (attach schedule).....
 (Grants \$) If this amount includes foreign grants, check here

▶
 31 a
 32 Total program service expenses (add lines 28a through 31 a)▶ | 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LARRY PARKER, 10506 S. EWING AVE., CHICAGO, IL 60617	COMMANDER 3.00	0.	0.	0.
FRANCIS DEMARCO, 10506 S. EWING AVE., CHICAGO, IL 60617	SR. VICE COMM 3.00	ANDER > 0.	0.	0.
JOHN CLARKE, 10506 S. EWING AVE., CHICAGO, IL 60617	JR. VICE COMM 5.00	ANDER 0.	0.	0.
KENNETH PETERS, 10506 S. EWING AVE., CHICAGO, IL 60617	SERVICE OFFIC 3.00	ER 0.	0.	0.
JOSEPH SCHUETTER, 10506 S. EWING AVE., CHICAGO, IL 60617	HISTORIAN 5.00	0.	0.	0.
JOHN VELGOS, SR., 10506 S. EWING AVE., CHICAGO, IL 60617	FINANCE OFFIC 3.00	ER 0.	0.	0.

Ss-lo Form 990-EZ (2009)

2

590405 747703 FADAMER1484 2009.05070 AMERICAN LEGION POST #220
FADAMER1

PERMIT NO. 2011-24

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

PERMIT NUMBER: 2011-24

GROUP NAME: Jordyne Cares

ADDRESS: 1642 E. 56th, Chicago, IL 60637

TELEPHONE NUMBER R: 773-675-1053

CONTACT PERSON: Marc Pullins

DATE WRITTEN REQUEST WAS RECEIVED: May 25,2011

SOLICITATION DATE: June
11,2011

CITY COUNCIL DATE: June 8, 2011

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: June 9,2011

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: ^To^j^Y (2.(Z/£eS

Address: /<£ </& «S^^ S//J^f

Telephone Number: ^ 7 C5 - b"7/0-5^J3

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

/H« *c rs- **~- H3'i«t'i^*

VU, * f^" ? ^ ^ - tM - ** " * -

- 3. List the date and approximate location(s) of solicitation:
- 4. Approximately how many persons will be engaged in the solicitation?

SO- 7.-r

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

Signature Title Date

Signature

Title

Date

HOLD HARMLESS AGREEMENT

2.
 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 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.
 The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Signature of organization officer

6- //

Date

Form CO-1 Revised 1/07

CHARITABLE ORGANIZATION - REGISTRATION STATEMENT -

LISA MADIGAN ATTORNEY GENERAL

PLEASE TYPE OR PRINT IN INK. This registration statement is required by the Illinois Charitable Trust Act and the Illinois Solicitation for Charity Act Please answer all items which are applicable to your organization. If you are unable to answer any question fully in the space provided, please attach a sheet containing the remainder of your answer. No further registration statement is required, provided that every registered organization shall notify the Attorney General within 10 days of any change in the

information submitted herein. One copy of this Registration Statement and attachments are to be filed with the Office of the Attorney General, Charitable Trust and Solicitations Bureau, 100 West Randolph Street, 11th Floor, Chicago, Illinois 60601

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

DEC 0 1 2008

SERBS**

Name of Organization
 Telephone Number
 Federal Employer ID#

urrlbei

3.
 Street and Ni
 City

•66

County
 State

7

Zip Code

Type of legal entity (Corporation, Trust, Unincorporated Association or other) and date, method and place organization legally established. &<=><enPc*>G /,nn_9-3n-r>?__

If a foreign corporation, when was it authorized to do business in Illinois? If a corporation, Illinois Secretary of State's File No. __

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

Name, address and telephone number of Illinois re^
 gistered agent fi/f/ve. tf/ff-OAfij "7^! I/i H. 'L_6s>oi>3 7 -7-73 - 7
 5. Address of all offices in the State of Illinois. /r£ £r <S~/o

*/- &06s 7

6. Date on which the annual accounting period of the organization ends. Month ~] Day ft

7. State the purposes of the organization and purposes for which contributions are to be used. (Be specific) » a

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

9. If the organization has previously been registered with the Attorney General under either Act, give the name under which registered (if different than shown in No. 2), last registration number, and date registered. _ / 7/^f_-

/j;

10. Has the organization been registered with any other governmental authority to solicit contributions? Yes Q'fro

Name of authority and date of authorization. _____

Is such registration current? Yes No

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

If "Yes", attach an explanation.

12. 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 QTNIo

If "Yes", answer a, b, and comply with c below. n

a. Name and address of professional fund raiser(s): _/f/f'_

_/''

b. Has the professional fund raiser registered and filed a bond with the Office of the Attorney General as required? Yes o No

c. Attach copies of all contracts with professional fund raiser(s).

13. 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? Yes i/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.)

/

14. State the board, group or individual having final discretion as to the distribution and use of contributions received.

/Unite, ft. /r>C-^ .TW^/^ t., Tfs/f/tl)_*

15. Will you use any of the following methods of solicitation? ^Unordered Merchandise . Cf^istribution or Sale of Seals tafrelephone Appeals Q'Coin Collection Containers ^Special Events efAd Books efDirect Mail o Other - If other, attach an explanation.

16. List name, mailing address and title of the chief executive or staff officer of the organization. /MnexL Atfotuf r^H/fanS

_F cT^c/- Ch'Qo^n_32L_6?6/?37,_afl*?(o</

17. Attach a list of names, mailing addresses, and daytime phone numbers of all officers and directors, or trustees of the organization.

18. Has the United States Internal Revenue Service determined that this organization is tax exempt? Yes o No If "Yes", attach a copy of the determination letter. Is application pending? Yes No *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.

19. Has organization's tax exempt status ever been questioned, audited, denied or cancelled at any time by any governmental agency? Yes otfo If "Yes", attach the facts.

20. 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.

21. Approximate amount of contributions solicited or income received from persons in this State during the organization's last annual accounting period \$ _

22. EVERY REGISTERING ORGANIZATION MUST ATTACH THE FOLLOWING APPLICABLE DOCUMENTS:

Corporation.....The Articles of Incorporation and/or Certificate of Authority, Amendments and By-Laws

Unincorporated Association.....Constitution and By-Laws

Testamentary Trust.....Will, Probate number and Decree of Distribution

Inter Vivos Trust.....Instrument Creating Trust

Note: The President and the Chief Financial Officer or other authorized officer both are required to sign. This must be two different individuals. If entity is a Trust, all Trustees must sign.

UNDER PENALTY OF PERJURY, THE UNDERSIGNED DECLARE AND CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT AND ALL ATTACHED SHEETS IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Signature f//(%Aj>, ^L^W^j Title £}jA.L*/fcbJ> Date /Q- ^" <\$ 2

Signature P^JL/) C^Aj Title Date ■ \$ '6^

PERMIT NO. 2011-25

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

PERMIT NUMBER: 2011-25

GROUP NAME: "Our Youth" A Community Forum

ADDRESS: 7940 S. Ashland, Chicago, IL 60636

TELEPHONE NUMBER: 773-719-1771

CONTACT PERSON: Lynda Green

DATE WRITTEN REQUEST WAS RECEIVED: May 25, 2011

SOLICITATION DATE: Saturdays from May 28, 2011 through August 13, 2011

CITY COUNCIL DATE: June 8, 2011

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVE

D:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION:

June 9,2011

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

"Our 1cuM>"A Cwimuii/j fVu,

>/vi

1. Name of organization:

Address: l^Hb 3. AshicwJ

Telephone Number: (j 7 3) - HI/

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

Sect. S. *UI Uwy

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

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7/?0 »/* fS^WW©^ Ave. Chic'ajfi/"&erjree*

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

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

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6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when? A/O a~pp/e J

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 ofthe 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.)

Signatun^/xfl / _Title P^Atd^f Date ^m/zoH

Signature _Title _Date _

Signature _Title _Date _

HOLD HARMLESS AGREEMENT

2.

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 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.

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

Date

Our

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n

ura

The purpose of this Organization is to enhance as well as promote the inner ability of each young person and not to focus on the negative challenges that they are faced with daily. Our goal is to initiate a Proactive plan which will give them a list of positive choices instead of a life time of disappointment because of unconstructive decisions. The following services and programs that will be offered are:

- Resume writing/Job Readiness
- STD's/AIDS Workshops/Healthy Communication
- Young entrepreneurs program
- Self Esteem Awareness/Dress Code
- Crime awareness prevention
- Community hours needed for graduation
- Historical trips that Educate
- Financial workshops/budgeting/investments

<and much more!

Please contact Mrs. Green@ (773) 719-1771 for more information Mr. Cardell Hampton @ (773) ouryouthforum@gmail.com <mailto:ouryouthforum@gmail.com>

January 8, 2010

OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

OUR YOUTH-A COMMUNITY FORUM, NFP 9055 S. CARPENTER AVE.

Lisa Madigan

ATTORNEY GENERAL

CHICAGO, IL 60620

RE: Status of OUR YOUTH-A COMMUNITY FORUM, NFP 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# 01057534. 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.IUinoisAttorneyGeneral.gov

<<http://www.IUinoisAttorneyGeneral.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

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201
DEPARTMENT OF THE TREASURY

Date:

AUG 20 2010

Employer Identification Number: 80-0310378

DIJJ: 17053335327029

OUR YOUTH - A COMMUNITY FORUM NFP C/O LYNDIA GREEN 9055 S CARPENTER AVE CHICAGO, IL 60620

Contact Person: MARY M SHEER

Contact Telephone Number: (877) 829-5500

ID# 31255

Accounting Period Ending: December 31

Public Charity Status: 170(b)(1)(A)(vi)

Form 990 Required: Yes

Effective Date of Exemption: January 16, 2009

Contribution Deductibility: Yes

Addendum Applies: No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter. Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities," for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

PERMIT NO. 2011-26

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

PERMIT NUMBER: 2011-26

GROUP NAME: Planned Parenthood
Action Fund, Inc.

ADDRESS: 59 Temple Place, Suite 402, Boston, MA 02111

TELEPHONE NUMBER: R: 269-599-4398

CONTACT PERSON: Cecile Richards
DATE WRITTEN REQUEST WAS RECEIVED: May 25, 2011
SOLICITATION DATE: June 8-30, 2011

CITY COUNCIL DATE: June 8, 2011
COMPLETION OF FILE DATE:
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: June 9, 2011

VIOLATION CS)
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: ^ (^ ^ p ^ + U ^ f_u y) J_y / _ _ c

Address:

"R-fuple PUue Ste^-Ozy Bos-roriy HA 02-HI Telephone Number: . , _

2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:
434 vO. 33 > ^ ^ -r; yo ^ n ^ y [000 i

3. List the date and approximate location (s) of solicitation? , 3i * vt £ - Ova£ JO
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4. Approximately how many persons will be engaged in the solicitation?

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

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

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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 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.)

re^Lc^-^^- - Title C#Q i KI? Date \$^7-//

Signatui

Signature Title Date

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. 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.

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

Signature of organization officer

Date

Oct-05-10 08:32am From-

Copi levitz & Canter Fax:816-472-5000

Oct 5 2010 09:22am T-888 P.02/03 F-856

October 5,2010

OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

PLANNED PARENTHOOD ACTION

FUND, INC.

434 W 33RD STREET

NEW YORK, NY 10001

Lisa Madigan

ATTOKM-Y tjl-NL'KAI-

RE: RB: Status of PLANNED PARENTHOOD ACTION FUND, INC. under the Illinois Charitable Laws CO# 010214I8

Dear Registrant:

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

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01021418. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2009. Please let us know if you require further information.

Sincerely,

Catherine Reilly, Compliance Officer Charitable Trusts Bureau 100 West Randolph Street, 11th Floor Chicago, Illinois 60601 Telephone: (312)8)4-2595

PERMIT NO. 2011-27

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

PERMIT NUMBER: 2011-27
GROUP NAME: Planned Parenthood Federation of America, Inc.
ADDRESS: 59 Temple Place, Suite 402, Boston, MA 02111
TELEPHONE NUMBE R: 269-599-4398
CONTACT PERSON: Cecile Richards
DATE WRITTEN REQUEST WAS RECEIVED: May 25, 2011
SOLICITATION DATE: July 1,2011 through August 31,2011

CITY COUNCIL DATE: June 8, 2011

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIPE]

D:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION:

June 9, 2011

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

APPTJICATION FOR CTTV OF CHICAGO CHARITABLE SOLTCTTRTICW PERMIT

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

1. Name of organization:-^^ ^ SR^+Uo^ £<uUrrdtrM of fWwcA, Inc.

Address*

• "5^ "R-iuple PU.ce <http://PU.ce> Ste40Zy Sos-rW, WA 02-fH Telephone Number: .._ _ ^

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

434 VJ. 32^ St- Mev*) y ovfc,»oy (o^o j

3. List the date and approximate location(s) of solicitation?^yX^ | - ,2.oil

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4. ^proximately how many persons will be engaged in tine solicitation?

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5. Explain the methods your ca^ganization will use to solicit funds:

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6^1 J^kr^nfAooC feta^CL-hDV) of- f^^/o^ pro^rewJ

6. Was your organization ever 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 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 LATE THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

17WE, 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 CfiO * If? Date Y-M-/I

Signature Title Date

Signature Title Date

HOLD HARMLESS AGREEMENT

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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

Oct-05-10 08:32am From-

Copilevitz & Canter Fax:816-472-5000

Oct 5 2010 09:22am P003/003 T-888 P.03/03 F-856

^ u a OFFICE OF THE ATTORNEY GENERAL

October 5, 2010 STATE OF ILLINOIS

PLANNED PARENTHOOD

FEDERATION OF AMERICA, INC. Lisa Madigan

434 W. 33RD STREET attorney oknfkal

NEW YORK, NY 10001

RE: RE: Status of PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. under the Illinois Charitable Laws CO# 01009083

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of PLANNED PARENTHOOD FEDERATION Of AMERICA, INC. under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01009083. It is current in the filing of its financial reports, having filed its report for the period ended June 30,2009. Please let us know if you require further information.

Sincerely,

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