



Office of the City Clerk

City Hall
121 N. LaSalle St.
Room 107
Chicago, IL 60602
www.chicityclerk.com

Legislation Details (With Text)

File #: Or2015-196
Type: Order **Status:** Passed
File created: 4/15/2015 **In control:** City Council
Final action: 4/15/2015

Title: Tag day permit(s) for Alzheimer's Assn. - Greater Illinois Chapter; American Legion Chicago Fireman's Post 667; American Legion - Peoples Gas Post 336; Polish Legion of American Veterans; RTW Veteran Center; and Project H.O.O.D.

Sponsors: Burke, Edward M.
Indexes: TAG DAYS
Attachments: 1. Or2015-196.pdf

Date	Ver.	Action By	Action	Result
4/15/2015		City Council	Passed	Pass
4/13/2015	1	Committee on Finance	Recommended to Pass	
4/13/2015	1	Committee on Finance	Direct Introduction	

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

Alzheimer's Association - Greater Illinois Chapter
June 5-6, 2015
Citywide

American Legion Chicago Fireman's Post 667
May 20-22, 2015 ...
Citywide

" American Legion -Peoples Gas Post #336 - May 21-22, 2015 Citywide

Polish Legion of American Veterans
May 14-17, 2015
Citywide

RTW Veteran Center
April 23, 2015 through June 23, 2015
Citywide

Project H.O.O.D May 15-16, 2015 Citywide
Edward M. Burke Alderman, 14th Ward

PERMIT NO. 2015 - 04

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

PERMIT NUMBER: 2015-04
GROUP NAME Alzheimer's Association - Greater Illinois Chapter

ADDRESS: 8430 W. Bryn Mawr, Suite 800 Chicago, IL 60631
TELEPHONE NUMBER: 847-933-2413
CONTACT PERSON: Erna Col born
DATE WRITTEN REQUEST WAS RECEIVED: March 23, 2015
SOLICITATION DATE: June 5-6, 2015

CITY COUNCIL DATE: April 13, 2015
COMPLETION OF FILE DATE:
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 13, 2015

VIOLATION (S)

COMMITTEE LETTER SENT:
COMPLY RECEIVED:

COMMENTS:

A P P I. A C A F I L O N F O K C I T Y O F C M I C A G O C H A R I T A B L E S O L I C I T A T I O N P E R M I T

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

J. Name of organization: Alzheimer's Association - Greater Illinois Chapter

Address: 3430 W. Bryn Mawr Avenue, Ste 800, Chicago, Illinois 60631 Telephone Number:
847-933-2413

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

Erna Colborn - President & CEO Janet Devlin - Vice
President, Finance

Bethany Hein - Manager, External Relationships (TAG DAY CONTACT) 847-779-6952
(office)

8430 W. Bryn Mawr Avenue, Ste 800, Chicago, Illinois 60631

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

Dates: June 5 & 6, 2015 Locations: City-wide

4. Approximately how many persons will be engaged in the solicitation? Between 150 - 200
people

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

Alzheimer's Association volunteers will collect donations in busy areas using Association collection cans. Volunteers will give flower seeds to those who donate as a "thank you".

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

Yes - The Alzheimer's Association has been soliciting funds since 1987.

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.

This solicitation event is part of the Association nation-wide annual Bankers Life Tag Day event.

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.

Name of organization

he.

Date

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

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

VA

Signature

March 4, 2015

Lisa Madigan

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION.

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION.
GREATER ILLINOIS CHAPTER 8430 W. BRYN MAWR SUITE 800
CHICAGO, IL 60631

RE: RE: Status of ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, GREATER ILLINOIS CHAPTER under the Illinois Charitable Laws CO# 01011470

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION. GREATER ILLINOIS CHAPTER under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 0101 1470. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2014. Please let us know if you require further information.

Sincerely,

A

Takiyah Martin Barnes, Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312)814-2595

Illinois Department of Revenue

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

July 8, 2011

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

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

ALZHEIMERS DISEASE Sr RELATED DISORDERS ASSN

of
CHICAGO, IL

is organized and operated exclusively for charitable purposes.

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

We have issued your organization the following tax exemption identification number: E9983-6394-06. 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 August 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

STS-49 (R-2/98) 1L-492-3456
11-0000102

PERMIT NO. 2015-05

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

PERMIT NUMBER: 2015-05
GROUP NAME American Legion - Chicago Firemen's Post #667

ADDRESS: 3647 N. Tripp , Chicago, IL 60641
TELEPHONE NUMBER: 773-283-4305
CONTACT PERSON: James Mindak
DATE WRITTEN REQUEST WAS RECEIVED: March 23, 2015
SOLICITATION DATE: May 20-22, 2015

CITY COUNCIL DATE: April 15,2015
COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 15, 2015

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS: j

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

CHICAGO FIREMAN'S POST 66?

Address- 36^7 N. TRIPP AV^3, Address.
CHICAGO IL> 606^1-3038

Telephone Number: 773-283-^305

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

3MOR: DAVID FREDERICK^1 27U3 GIBSON ST. LAKE STATION, IN. W05 21O-730-5ix09 S.V.C. KEVIN BARRY ^05 N. WABASH APT. 2802 CHICAGO, IL. 60611 3I2-217-2QliI J.V.C. MIKE MITTSLSTEADT 7538 W. LAWRENCE HA R WOOD HGTS. , I EL. 22^-188- 2^55 ^1NANCS OFF./ADJUTANT JAMES MINDAK 36^7 N. TRIPP AVE. CHICAGO, IL/606^1

773-283-^305

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

CITY .71 DE AND CHICAGO LOOP MAY 20, 21, 22 2015

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

AS MANY AS THE POST CAN GET IN OUR MEMBERSHIP TO COME OUT

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

MEMBERS WILL STAND ON STREET CORNERS AND SELL POPPY'S WE WILL NOT BE IN THE STREET SELLING POPPY'S

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

YES, THE DATES OF MAY 21, 22, 23 201h-

- 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

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.

ICAN LEGION

CHICAGO FIREMAN' S POST 66? Aft'iBRI Name of organization

16 MAR. 2015
Date

PERMIT NO. 2015-06

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

PERMIT NUMBER: 2015-06
GROUP NAME American Legion - Peoples Gas Post #336

ADDRESS: 130 E. Randol ± Dr., Chicago, IL 60601
TELEPHONE NUMBER: 708-699-4705

CONTACT PERSON: Kevin Donahue
DATE WRITTEN REQUEST WAS RECEIVED: March 23, 2015
SOLICITATION DATE: May 21-22, 2015

CITY COUNCIL DATE: April 15,2015
COMPLETION OF FILE DATE:
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 15, 2015

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: P+tf/es S Ms 7**356, ^ <J ^

Address: S. A ****EA ' ■■ v 7/ <c C 6. O /

Telephone Number: ~pO <p- °/. £y <c~

2. Use the space below to list names, current positions, residence addresses and

2. telephone numbers of the officers in the organization: ^ ^ ,

y S 9 *v. 3 <? v<* i+ CA z, f.TL 6 o 6 <^9 ^

3. List the date and approximate location(s) of solicitation: 0c ^ J^/ ^ £ q "~^o^2.

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

Explain the methods your organization will use to solicit funds: ■ /• / I c

/? ; /; 2 •/ i> c *V-/t /?a/5 o /* *; y ^ ^ q « er{ c

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

ye* f' ?> ^~ ^/'/

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

I AYE, 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 S&ffj Pate

* - J»

Signature

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.

Name of organization v

Signature of organization officer

3 -/C ■ - /S

"Serving for God and Country"

PEOPLES GAS POST No. 336

130 EAST RANDOLPH DRIVE

.CHICAGO, ILLINOIS 60601

THE- AMERICAN LEGIOIS

DFPARTMENT OF ILLINOIS

May 6, 2014

Dear Member,

Our Post will be conducting our annual Poppy Days on Thursday, May 22, 2014 and Friday, May 23, 2014.

Enclosed are two poppies and an envelope in which to place your contribution. Poppy Day revenue is strictly used for welfare activities Res. (847) 577 2556 conducted by our Post.

Assistant Adjutant THOMAS D. O'BRIEN Res. (773) 924-5309

Chaplain Walter Szyszka Res- (773) 775-2262

Service Officer ROBERT POREMSKI Res. (630) 834-9081

Welfare Officer ROBERT POREMSKI Res. (630) 834-9081

Judge Advocate JOSEPH T. LO CASCIO Res. (847) 577-2556

Sergeant At Arms ANDREW S. PRZYBYSZ Res. (708) 524-8292

Post members will be soliciting in and around our new building, the AON Building from noon to 6:00p.m. onThursday, May 22. 2014 and from 7:30a.m until noon on Friday, May 23, 2014.

Please use the enclosed envelope to support this worthy cause and be as generous as your wallet will allow.

Sincerely,

AndyPrzybysz, Chairman Poppy Day Committee

AP/ml

"For God and Country, We associate ourselves together"

Ginoli & Company Ltd, CPA⁵ ss 7625 N. University, Suite
A Peoria, Illinois 61614-8303 Phone (309) 671-2350
Pax (309) 571-5459

October 9, 2014

The American Legion of Illinois P.O. Box 2910
Slocmington, IL 61702-2910

The American Legion of Illinois:

Enclosed is the organization's 2013 Exempt Organization return. The state Exempt Organisation Annual Report is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows. FORM 9 30

RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS,

ILLINOIS FORM AG9S0-IL RETURN:

Please sign and mail Form AG990-IL on or before February 2, 2015.

Mail to - Office of the Attorney General Charitable Trust
Bureau 100 West Randolph St., 11th Floor Chicago,
IL 60601-3175

Enclose a check for \$15 made payable to Illinois Charity Bureau Fund. Include the organization's state registration number on the remittance.

Form IPC must be signed by an officer or director of the

1013

Open for printing;

I Return of Organization Exempt From Income Tax

Under section 601(c), 527, or 1047(a)(1) of the Internal Revenue Code (except private foundations)

Do not check this box unless the federal identification number on this form 33 may be made public.

Name of organization THE AMERICAN LEGION OF ILLINOIS

For information about Form 990 and its instructions is at www.irs.aa/tpm990 <<http://www.irs.aa/tpm990>>.

3

A For the 2013 calendar year, or tax year beginning AUG 1, 2013 and ending JUL 31, 2014

D Employer identification number

Doing Business As

foanVsuiie

E Telephonn number

663-0361

Number aid street (or P.O. ddx If man is not delivered to stfAit address' P.O. BOX 2910

Ky or town, state or province, country, and ZIP or torsion postal coda BLOOMINGTON, IL

61702-2910'

F Name and address of principal offtew:TERR¥ L WOODBURN

same as C acove

H(a) is this a group seturn

lor subordinates" C "Yes FX ' No

! Tax-exempt status:

J Website: ► WWW. ILLEGION . ORG

^

! H(bj at? ai siji-OTinaie; mciurwd". I Yes i i No

501(cii3) L&3 501 (Of 19)*4 (insert no.) □ 4947(a)(1) or Lj 5271 If" No. attach a list. ir»*rutffionc.;

X ram of organization. [X] Corporation [^Z] Trust j Association Qtfier

__ I H(c) Qiroup e.nomption numbei fr- 0 92 L 'nar of foimnloi): 1919.; M Statf; of (sea: domicile IL

Briefly describe the- organization's mission or most significant activities: VETERAN AFFAIRS AND REHABILITATION, THE CARE AND PROTECTION OF THEIR CHILDREN AND"TO

*- Ch-ack this ocx L~\ if th-5 organization discontinued its operations or disposed of more than 25% of its net assets.

5 -Nu.n&sr rrfv--i'ng mambers at >he governing body (Part VI, line la)

13 j

\ fwm»e» of inde^ejident voting members of th@ governing body (Part VI, Una lb) : Tetsl nymbar cf indlvirjuate employee! in calendar year 2013 (Part V. line 2a)

* ~o; hi numbai cf voajmeers (estimate if nacassary)

's "c:--j unrelated business revenue from Part VIII, column (C), line 12

b jnp.T.'aiss i.-L'Siniisa tfisr.ble income from Form 980-T, line 34

8 Contribution and grants (Part VIII, line 1h)

9 Program service revenue (Pan VI JI. line 2g)

10 investment income (Part VIIf, column (A), lines 3, 4, and 7d)

11 Oilier revenue rart VIII, column (A), Unas 5, 6d, Sic, 0c, 10c, and 11a)

12 Total raveniiu • add lines S through 11 (must aqual Pan VIII, column (A), line 12)

13 Gran!; and similar amounts paid (Part IX. column (A), lines 1-3)

1<t Benefits paid to or tor members (Part IX, column (A), line 4)

15 Salaries. oifK'i sompensation. employee benefits (Part IX, column (A), lines 5-10)

0 .

16a PrssSasuwu.* fimdraismg fees (Part IX, column (A), line 1 le) ...

u Totsi fund aisirsg ,:;:penses (Pan IX. column (D). line 25)

17 C'.r<Br exoerisnu Part IX. column (A), lines lta-1lrj, 1 l<-24e)

18 Totsi expense:*. Ado mcs 13-17 (must equal Part IX, column (A), line 2S) .

15 Rovent'6 tess ?xpens?s. Subtract iine 18 ftom line 12

3;-', 20 Total assets (P;:r. X, iifie 16)

i'-CC I



*ti 21 Total llaolities (Part X. line 26)

s=

Net assets or fund balances Subtree-; line 21 from line 20

Part I: Signature Block

Sion

Under the penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. I understand that anyone who furnishes false or misleading information on this return or who omits material or information requested on the return may be subject to criminal sanctions (including fines and imprisonment) and/or civil penalties.

I, **Robert Piier,**
TERRY L WOODBURN, ADJUTANT/FINANCE OFFICER

CPA

Signature of Preparer

& Company Ltd, CPA's N University Ste A . . a, IL 61614-8303

See instructions

For a complete list of instructions, see the separate instructions.

Statement of Program Service Accomplishments

THE AMERICAN LEGION OF ILLINOIS 37-01539 60

Check if Schedule Q contains a response to any line in this Part ii:

1 Briefly describe the organization's mission: NoDS ~

Yes/No

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 9905Z? If "Yes," describe: these new services on Schedule O.

Did the organization make significant changes in how it conducts, any program services it provides, or describe those changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and, if any, for each, program service.

See instructions

VETERAN AFFAIRS AND REHABILITATION, THE CARE AND PROTECTION OF THEIR CHILDREN AND TO PRESERVE THE MEMORIES AND INCIDENTS OF PART I OF THE GREAT WARS -

PERMIT NO. 2015-07

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

PERMIT NUMBER: 2015-07
GROUP NAME: Veteran Center

ADDRESS: 5536 S. King Drive, Chicago, IL 60637
TELEPHONE NUMBER: 312-972-2582
CONTACT PERSON: Arnetha Gholston
DATE WRITTEN REQUEST WAS RECEIVED: March 23, 2015
SOLICITATION DATE: April 23, 2015 through June 23, 2015

CITY COUNCIL DATE: April 15, 2015
COMPLETION OF FILE DATE:
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 15, 2015

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: IfiTcO V^KT^ C^v4^

Address: SS"*E> >- fc^u gV-C^O^ 7

Telephone Number: *7? §> ~/O^*?

2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organizations i , ^)

y jTL ?7

t^ecn uAUo-i -5<i/^ . "J ^- / y.

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

-wde - Hld^ -r-z (a fa/*0'*

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

lh feople

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

?c*s5 Q^Y T'% lu{ep^h^< ~ ^ pterin aJ^&O^r f'k ^.

6. *Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?* *y^C, ~ c^j/j ~4 [yiO C^f.-'f''G*

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.)

Title

TPtSaUpr^r- J)j A ^3^

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.

Name of organization

Signature of organization officer

Date

OFFICE OF THE ATTORNEY GENERAL STATE OF ILLINOIS

Lisa Madigan

RTW VETERANS CENTER 5536 SOUTH KING DR, APT 1
CHICAGO, IL 60637

attorneyc-knkra

**RE: RE: Status of RTW VETERANS CENTER under the Illinois Charitable Laws CO#
01067461**

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of RTW VETERANS CENTER under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01067461. It is current in the filing of its financial reports, having tiled its report for the period ended December 31, 2013. Please let us know if you require further information.

Takiyah Martin Barnes, Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312) 814-2595

PERMIT NO. 2015-08

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

PERMIT NUMBER: 2015-08
GROUP NAME: Polish Legion of American Veterans

ADDRESS: 4934 N. Mason, Chicago, IL 60630
TELEPHONE NUMBER: 773-725-1088
CONTACT PERSON: Mr. Eugene Beranek
DATE WRITTEN REQUEST WAS RECEIVED: April 1, 2015
SOLICITATION DATE: May 14-17, 2015

CITY COUNCIL DATE: April 15, 2015
COMPLETION OF FILE DATE:
STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:
DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 15, 2015

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.)

- Name of organization!: POLISH LEGION of AMERICAN VETERANS U.S.A.
Address: 4934 North Mason Avenue
Chicago, Illinois 60630-1313 Telephone Number:
1-773-725-1088
- Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:
David Johnson Commander Eugene S. Beranek Past Commander
530 Fredrick Lane 4934 North Ifeson Avenue
Hoffman Estates Chicago, Illinois 60630-1913
50195 1-773-725-1 OSS
1-347-382-9752
- List the date and approximate location(s) of solicitation:

This will be for four days, different locations City wide
Friday May 14, 2015, Saturday May 15, 2015, Sunday May 16, 2015 and Sunday May 17, 2015

4. Approximately how many persons will be engaged in the solicitation?
There will be about 60 people at various locations City wide.
5. Explain the methods your organization will use to solicit funds:
We will be offering a POPPY for any donations, to assist the veterans.
6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when?
We have been soliciting funds in the City of Chicago for over fifty years, some years on private property.
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 may 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.

**STANLEY BARABZ POST 72 POLISH LEGION of
AMERICAN VETERANS U.S.A.**

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

Robert Ostrowski

**Eugene
Director**

Signature Eugene Beranek Title Past Commander Date March 30, 2015

Signature

Coamnaander

Dave Johnson
530 Fredrick Lane
Hoffman Estates, Illinois 60195
1-847-882-9752

2nd Coimimainider Larry Jakubowski 395 Fleming Lane Schaumburg, Illinois 60103-2823 1-847=895=1422

Service Officer & Scribe

Paul R. Moreno
6111 North Navarre Avenue
Chicago, Illinois 60631-2613
1-773-775-1965

Treasurer

Pamela Stevens
4942 West School St. FL-1'
.Chicago, Illinois 60641. -

Sergeant at Arms

Roger Oznoff
13140 Red Aider Avenue
Huntley, Illinois 60148
1-630-613=9535.

Chaplain

I^s Vice Commander
Robert Ostrowski
1142 South Aheras Avenue
Lombard, Illinois 60148-4053
1=630-495-1369

Commander- Enseritns Frank Jurek

336 West Herding Street Lombard, Illinois 60139 1-630-613-9535

Director

Frank Jurek
336 West Herding Street
Lombard, Illinois 60139
1-630-613-9535

Director Julianne Viduya 2402 North New England Ave Chicago, Illinois 60707-2104 1-773-622-6901 .

Director John Waskowski 3720 Liberty Lane Glenview, Illinois 60025-1913 1-847-729-5029

Director

Eugene E. Beranek
4934 North Mason Avenue

Chicago, Illinois 60630-1913
1-773-725-1088

MOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to Defend, indemnify, save and hold harmless the HARLEM FOSTER SHOPPING CENTER and the ALBERT HANS, LLC. MANAGEMENT OFFICE Located at 7240 West Foster Avenue, Chicago, Illinois 60656
 2. The MOLD HARMLESS AGREEMENT would also include the area Around the JEWEL FOOD STORE where members of the VETERANS ORGANIZATION . The Polish Legion of American Veterans U.S.A. Will be handing out POPPIES for any donation that the public is willing To give the Veterans.
- >. The officer of the subject organization has read and voluntarily signs the HOLD HARMLESS AGREEMENT and waiver of liability and indemnity Agreement.
Direct Officer - end of document
April 1, 2015

POLISH LEGION of AMERICAN VETERANS U.S.A. STANLEY BARABASZ POST
72

March 8,2010

STATE DEPARTMENT OF ILLINOIS
POLISH LEGION OF AMERICAN
VETERANS, U.S.A
C/O EUGENE E BERANEK 4934 N MASON
AVE CHICAGO, IL 50630

ATTORNEY GENERAL

RE: RE: Status of STATE DEPARTMENT OF ILLINOIS POLISH LEGION OF AMERICAN
VETERANS, U.S.A_ under the Illinois Charitable Laws CO# (51015056

Dear Sir:

This letter is pursuant to your request that the Attorney General confirm the status of STATE DEPARTMENT OF ILLINOIS POLISH LEGION OF AMERICAN VETERANS, U.S.A. under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CG# 01015056. It is current in the filing of its financial reports, having filed its report for the period ended December 31, 2008. Please let us know if you require further information.

Luz Guzman, Office Assistant Charitable Trusts Bureau 100 West Randolph Street, 11th Floor Chicago, Illinois 60601 Telephone: (312) 814-2595 ■

Sincerely,

PERMIT NO. 2015-09
COMMITTEE ON FINANCE CHARITABLE SOLICITATION TAG DAY
REQUEST FORM AND ROUTE SHEET

PERMIT NUMBER: 2015-09
GROUP NAME: Project
H.O.O.D

ADDRESS: 6620 S. King Drive, Chicago, IL 60637

TELEPHONE NUMBER: 773-326-4200

CONTACT PERSON: Corey B. Brooks

DATE WRITTEN REQUEST WAS RECEIVED: April 6, 2015

SOLICITATION DATE: May 15-16, 2015

CITY COUNCIL DATE: April 15, 2015

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 15, 2015

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 questions, please attach additional sheets.)

1. Name of organization: Project H.O.O.D. (Helping Others Obtain Destiny)

Address: 6620 S. King Drive, Chicago, IL 60637

Telephone Number: 773-326-4200

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

Corey B. Brooks	6518 S. Kimbark, Chicago, IL 60637,	Chief Executive Officer
Kyle Marshall	393 Foster Way, Bolingbrook, IL 60440	Chief Financial Officer
Steve Bozeman	6620 S. King, Chicago, IL 60637 Drive	Chief Operations Officer

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

May 15th and 16th

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

There will be approximately 150 volunteers engaged in this event.

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

Volunteers will stand in designated locations to with collection container and request monetary donations from individuals.

6. Has your organizations 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.

Donations received will be used toward programs and services, which are offered through Project H.O.O.D., in the Woodlawn/Englewood community of Chicago.

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE ON FINANCE NO LATER 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 EST OF MY/OUR KNOWLEDGE. (NOTE: AT LEAST ONE OFFICER OF THE ORGANIZATION MUST SIGN AND VERIFY THIS APPLICATION.)

Signature	Title	Date
Signature	Title	Date

Signature (P%fff- P^UrvJCQ^ Tide PajSo^J^J^ Date 3*30"/ST

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.

fCO\eci jrVQQ
Naniefof organization

i| A U;
Signature of organization officer U

Date

T-616 P.02/02' F-815

OFFICE OF THE ATTORNEY GENERAL STATE OF ILLINOIS

Lisa Madigan

PROJECT HOOD COMMUNITIES DEVELOPMENT
CORPORATION
6620 S KING DRIVE ^.ok^y^ka CHICAGO, IL 60637

RE: RE: Status of PROJECT HOOD COMMUNITIES DEVELOPMENT CORPORATION under the Illinois Charitable Laws CO# 01065341

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm The status of PROJECT HOOD COMMUNITIES DEVELOPMENT CORPORATION under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01065 3 41. his c urrem in the filing of us financial reports, having filed its report for the period ended December 31,2013. Please let us know if you require further information.

Takiyah Martin Barnes, Compliance Officer
Charitable Trusts Bureau
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601
Telephone: (312)814-2595

CHICAGO April 15.2015

To the President and Members of the City Council:

Your Committee on Finance having had under consideration one (1) order authorizing six (6) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. Alzheimer's Association - Greater Illinois Chapter
- B. - . American Legion Chicago Fireman's Post 667
- C. American Legion -Peoples Gas Post #336
- D. Polish Legion of American Veterans
- E. RTW Veteran Center
- F. Project H.O.O.D

having had the same under advisement, begs leave to report and recommend that your Honorable Body pass the ordinance(s)/order(s) transmitted herewith.

This recommendation was concurred in by (d^iva voce votg
of the members of the committee with dissenting vote(s)).

Respectfully submitted