



Office of the City Clerk

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

Legislation Text

File #: Or2013-641, Version: 1

CHICAGO October 16, 2013

To the President and Members of the City Council:

Your Committee on Finance having had under consideration one (1) order authorizing four (4) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- A. Children's Benefit League of Chicago & Suburbs
- B. Life Development Ministries
- C. PLAN International
- D. Muscular Dystrophy Association - Chicago

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

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

Respectfully submitted

(signed^Aj a~l_lu JL.^' Chairman -

Document No.

REPORT OF THE COMMITTEE ON FINANCE TO THE CITY COUNCIL CITY 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. Children's Benefit League of Chicago & Suburbs April 4-5, 2014
Citywide
- B. Life Development Ministries October 24-25, 28-
30, 2013
November 1,4-9, 11-16, 18-22, 25-26, 29-30, 2013

December 2-7, 9-14, 16-21, 2013
Citywide

- C. PLAN International
Tuesdays through Sundays, October 26 through December 31, 2013 Citywide
- D. Muscular Dystrophy Association - Chicago October 27, 2013
Citywide

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

Edward M. Burke /
Alderman, 14^mWard

Document No.

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

PERMIT NO. 2013-30

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

PERMIT NUMBER: 2013-30

GROUP NAME: Children's Benefit League of Chicago & Suburbs

ADDRESS: 1530 N. Main St., Wheaton, IL 60187

TELEPHONE NUMBER: 630-653-6400

CONTACT PERSON: Ms. Jennie Tietien

DATE WRITTEN REQUEST WAS RECEIVED: September 3, 2013

SOLICITATION DATE: April 4-5, 2014

CITY COUNCIL DATE: October 16, 2013

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: October 16, 2013

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 Leaaue of Chicaao & Suburbs

Address: C/O Jennie Tietien - ECFA
1530 N Main St. Wheaton,. IL 80187

Telephone Number: 630/653-6400 ext. 21 4

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

Please see Attached List nn sheet.

3. List the date and approximate location(s) of solicitation: 4. & 5 2014

Fridav and Saturdav & ram thru 6 Dm Taqaers will be on the sidewalks where ever pedestrian traffic is nearby. Lood corners, near entrances, of banks, .stores, etc. neighborhoods. If on, private..uropertv, permission will be

4. Approximately how many persons will be engaged in the solicitation r secured
600 in Chicaao & Suburbs

5. Explain the methods your organization will use to solicit funds: Taqaers ask pedestrians to aivp to help children at their aqencv- If thev give. a star is given in return and they put their donations in a sealed numbered box. Boxes show name of president, address & ohone #. Themember aaencv is alsn shown nn the box X

6. Has your organization ever been allowed to solicit funds in prior years in thcthev receive al 1
City of Chicago? If so, when? f,jnck in the box

1908-2013

' 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.

1

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.)

Date 9-23-2014

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.

9-15-2013

Date

Children's Benefit League of Chicago & Suburbs Name of organization

PRESIDENT

Steven Koll

North Avenue Day Nursery 2001 West Pierce Place Chicago, IL 60622 773/342-4499

BOARD OF DIRECTORS

Jennie Tietjen

1st Vice President &

Treasurer

Pat Drinkwine 2nd Vice President

Debbie Grossman 3rd Vice President

Karine Roettgers

Recording & Corresponding

Secretary

Yearbook and Revisions

Miguel Alvarado Nominating

Katie Stanley Press and Publicity

MEMBER AGENCIES

A Just Harvest Ada S. McKinley Association House of Chicago Benton Community Settlement Blind Service Association Evangelical Child & Family

Agency Inner Voice Inc. Lydia Home Association North Avenue Day Nursery Sadie Waterford Manor -

Halfway House Committee

(on, 105 fyeaAA

CHILDREN'S BENEFIT LEAGUE TAG DAYS April 19, 20, 2013

Working together to meet the needs of Children for 105 years

SUPPORT CHILDREN IN:

Vision Impaired & Blind Services Job Training & Mentoring Alternative

Schools & Scholarships Head Start Programs Residential Treatment

Centers Community & Day Care Centers Adoption & Foster Care

Agencies Hunger Relief Behavioral Health Alcohol & Drug Abuse
Prevention Programs

The Children's Benefit League, a non-sectarian organization established for the sole purpose of coordinating fund-raising for our member agencies, is the oldest of the Tag Days permitted by the City of Chicago and authorized by most suburbs. The League has no office or paid staff. The members are volunteers and staff that are made up of from the agency members. Last year 602 taggers gave more than 1223 hours of their time on Tag Days and raised a total of \$40,648.69!

Children throughout the metropolitan area are served by member agencies of the Children's Benefit League. Hundreds of children are given full time care in foster homes; additional children are given part-time care in neighborhood centers, Alternative Schools, HeadStart programs, and summer camps. The annual cost of operating the member agencies runs into the millions of dollars. Our Tag Days is one source of some of the necessary funds.

The Children's Benefit League's Charitable Organization Number is 01005835. Each member agency also complies with the Illinois Attorney General's Office under the Illinois Solicitation Act and is either monitored by or received funds from at least one of the following: the Department of Children and Family Services (Illinois), the Illinois State Board of Education, the Department of Human Services (Chicago or Illinois), the United Way of Chicago, or the United Way of Suburban Chicago.

**PLEASE GIVE and WEAR OUR STAR TAG on FRIDAY and
SATURDAY, APRIL 19 & 20, 2013
(ytx)**

Officers of Children Benefit League of Chicago and Suburbs

FY June 1, 2013-May 31, 2014

President

Steven Koll 3442 West 82 Place Chicago, IL 60652 steven@nadnkids.org
<<mailto:steven@nadnkids.org>> Work: 773/342-4499 Home: 773/925-7663 Cell: 773/732-5714

Treasurer and First Vice President - Permits for Suburbs and area establishments

Jennie Tietjen 1530 N. Main St. Wheaton, IL 60187

Work: 630/653-6400 Cell: 630/247-4824 or ienniet@evancfa.org
<<mailto:ienniet@evancfa.org>>

Second Vice President - Membership and Investigating

PatDrinkwine 2420 Grant Street Evanston, IL 60201 Home: 847-475-1919
IMrinkwine@ameritech.net <<mailto:IMrinkwine@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 BSADCTrossman@aol.com
<<mailto:BSADCTrossman@aol.com>>

Yearbook/Revisions

Drew Williams Association House of Chicago 116 North Kedzie Ave Chicago, IL 60651 Phone:
773/772-8144 dwilliams@associationhouse.org <mailto:dwilliams@associationhouse.org>

Recording/Corresponding Secretary

Karine Roettgers 17 N. State Street #1050 Chicago, IL 60602 Work: 312/236-
0808 bsakrosvold@aol.com <mailto:bsakrosvold@aol.com>

Press and Publicity

Katie Stanley -Halfway House Committee, Inc. 3641 S. Crawford Ave Crestwood, 60472 Work: 708-
371-1969 or sadiemanor@eiol.com <mailto:sadiemanor@eiol.com> or
Kathrvn.Stanlev@illinois.gov <mailto:Kathrvn.Stanlev@illinois.gov>

Nominating

Miguel Alvarado 9513 S. Kenneth #1 South Oak Lawn, IL 60453
Work: 773/731-8187 Home: 708/385-2726 inalvarado@adasmckinley.org
<mailto:inalvarado@adasmckinley.org>

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August

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to b

31st

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.President, and its

Secretary, this

_, 19,

CHILDREN'S BENEFIT LEAGUE CF CHICAGO AND
SUBURBS

(Exact Corporate Title)

Tts-

Its

Secretary

By d/^/^/^/^/^~^ fat-U. ffitdlcf

President JJ^.%..

OF

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., a Notary Public, do hereby certify that on

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(Acknowledgment ty either oillcur is sufficient

appeared before ir.e and, being first duly sworn by me, acknowledged that he signed the fore-'
::■:■>•*':••! in the cap?.c:tv therein set forth and declared that the statements therein contained are true.

IN i i'S'ESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

/., .. AX y-y

Notary Public.

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Sop-27-13 03:40pm From-

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS
CHILDRENS BENEFIT LEAGUE OF CHICAGO AND SUBURBS
C/O ECFA- JENNIE TIETJEM 1530 N. MAIN
ST. WHEATON, IL 60187

Dear Registrant:

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01005835. It is current in the filing of its financial reports, having filed its report for the period ended May 31, 2013. Please let us know if you require further information.

Sincerely,

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

(DO NOT WRITE IN THIS SPACE)

FORM NP-36

ARTICLES OF AMENDMENT - ■

In “ ”
to the

ARTICLES OF INCORPORATION

’ ”
under the

L NOT FOR PROFIT CORPORATION ACT

Date */^/*■- / 7- //^*

riiling Fee \$ '_<■:.. ±:-

Clerk -L

JOHN A?.- LEWIS, To WSSfflPPQWqBBE, 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: JSEILDRTO^BS!^
2. There are _?5L³[5®, _____ 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 01/11/2019, 19__ same receiving at least two-thirds (2/3) of the votes entitled to be cast by the members of the corporation present or represented by proxy at such meeting. ✓

(b7 "'By ti *tfr3fcsmirr-wriirig" Signetf-by -aU-mgralrerr-of -the- rorporatfcn~cKtith^'-te- with- -respect- thereto.-)(c)* ~A-t- it

-meeting- -of-directors - (rrrrrrbtrs ^^•viRg-^io-^<3fiEg'-rigkts-"vvith~TV

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following amendment or amendments were adopted in the manner prescribed by the "Official Code of the Annotated Statutes of the State of Illinois" of the State of Illinois:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: October 16,2013

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:

Address:

Telephone Number:

- I. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization: . . . A c^r-//,n^4^
^Pa^Ja J-oo^o Yarn's ^. 6 3>Q AuE- ^oXl 4>C6-p

3. List the date and approximate location(s) of solicitationIX^jAf ^^jjctS^^'
'jOSl <file:///jOSl> oDax\d l'iK< 4M defies : "" ' _

4. Approximately how many persons will be engaged in the solicitation?
VJO.4- UDCUXld^ fTD-f tA3ctA+-3y IO//I/ 3tH / £OI3

5. Explain the methods your organization will use to solicit funds: I. ^p,--| ,. | L. .
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-Fur^ra'.su^

6. Has your organization ever been allowed to solicit funds in prior years in the, 0 City of Chicago?
If so, when? VK,'s m^)| hJl Oaf ^irS+ 4-'«nr^

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.

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.)

11

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.

3). Dates for fundraising

October 24-25, 2013 October 28-30, 2013

November 1, 2013 November 4-9, 2013 November 11-16

November 18-22, 2013 November 25-26, 2013 November 29-30, 2013

December 2-7, 2013 December 9-14, 2013 December 16-21, 2013

3). Locations:

Cicero and North Ave

Madison and Wabash

Western and Madison

Harlem and North Ave

Racine and Roosevelt

Narragansett and Fullerton (Grand Ave)

Division and Cicero

Chicago Ave and Western

Ashland and Roosevelt

Halsted and Roosevelt

Cicero and Fullerton

Chicago and LaSalle

Western and North Ave

Laramie and Fullerton

Austin and Chicago Ave

Central and Fullerton

8). Life Development Center and Life Development Ministries are one. Life Development Ministries assist Life Development Center in their support in helping women, children, and families in the North and South area of the Austin community.

Since the inception November 2009, we have progressively assisted as many clients as possible. Services provided housing, parenting classes, financial planning strategies, structure and guidance. 15 women we housed at 4712 W. Van Buren which was an abandoned community eye sore, that is now renovated, adequate, housing for lower income families.

(Prior to 2011 all clients were given housing at no charge) Women without children reside in our Hospitality House, located 5658 W. Ohio Street. 4 adult females where two are employed and the other two are not but they are striving for further economic stability.

Both of our properties are in economically stressed communities. (Refurbishing of both facilities was done independently without outside resources).

An overwhelming demand for positive intervention within the community through charitable Y.A.P (Youth Awareness Program) and L.E.A.R.N (Life Enrichment and Resource Network) implemented in November 2009.

Life Development is in need of assistance to further the work we have set out to do in our community. We would like to be able to assist many more people

OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

Lisa Madigan

ATTORNEY GENERAL.

LIFE DEVELOPMENT MINISTRIES 5658 W OHIO
CHICAGO, IL 60644

**RE: RE: Status of LIFE DEVELOPMENT MINISTRIES under the Illinois Charitable Laws CO#
01062049**

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of LIFE DEVELOPMENT MINISTRIES under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# 01062049, and has been granted religious exemption from filing annual financial reports with our office. 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. 2013-32

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

PERMIT NUMBER: 2013-32
GROUP NAMPLAN International

ADDRESS: . 155 Plan Way , Warwick, RI 02886

TELEPHONE NUMBER: 401-738-5600

CONTACT PERSON: Ms. Tessie San Martin

DATE WRITTEN REQUEST WAS RECEIVED: September 3,2013

SOLICITATION DATE: Tuesdays through Sundays, October 26, 2013 through Decembe

CITY COUNCIL DATE: October 16,2013

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: October 16,2013

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

t

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 X 1127

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:

6 days a week, Tuesday to Sundays, from October 26, 2013 through December 31, 2013;
various locations throughout Chicago

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

10-15

Explain the methods your organization will use to solicit funds:

Please see attached

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

Public Outreach Fundraising, LLC on behalf of PLAN International was issued a Chicago Tag Day permit from Sept 12, 2012 to December 31, 2012.

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
- 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. frtfCch-J*

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

Please see attached.

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® 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

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.

InWmWd IPSA

Date

Name of organization

Q.3: Names, titles, addresses and phone numbers of officers:

Chairman:

President & CEO:

Chief Audit Executive:

General Counsel & Corporate Secretary:

Chief Financial Officer:

Please see attached.

Q. 6: 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.

llo

Promising Futures, Community by Community

Plan

Plan International Charitable Mission

Founded over 70 years ago, Plan is a more-than \$800 million organization often ranked among the top 10 international development agencies by reputation, size and scope.

We work side-by-side with communities in 50 developing countries to end the cycle of poverty for children, developing solutions to ensure long-term sustainability. Our level of community engagement, long-term outlook and constant focus on the needs and priorities of children is unique among international development organizations.

Our solutions are designed up-front to be owned by communities for generations to come and range from clean water and health care programs, to education projects and child protection initiatives. Community by community, Plan works to promise futures that are worthy of all children's potential.

Plan International USA • 155 Plan Way • Warwick, Rhode Island 02886 • 800 556 7918 • 401 738 5600
www.planusa.org <<http://www.planusa.org>>

**Promising Futures, Community by
Community**

**Plan International USA, Inc. Executive
Personnel**

1. Tessie San Martin, President/Chief Executive Officer
2. David A. Cannata, Chief Financial Officer
3. Shanna Marzilli - Chief Marketing Officer
4. Chip Carter, Chief Information Officer
5. Carol Donnelly, Vice President of Human Resources & Operations
6. Christine Sow, Vice President, International Programs

Mailing address and telephone number:

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

5600

(6) 1255 23rd Street NW -Suite 300 Washington, DC 20037
202-617-2300

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

Rev 09-01-13

Plan International USA • 155 Plan Way • Warwick, Rhode Island 02886 • 800 556 7918 • 401 738 5600
www.planusa.org <<http://www.planusa.org>>

Illinois Attorney General - Charitable Trust Database Search

Illinois attorney general Lisa Madigan

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www.IllinoisAttorneyGeneral.gov <<http://www.IllinoisAttorneyGeneral.gov>>

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Building Better Charities

Advocating for Women

Charitable Database Search

Advocating for Older Citizens

Safeguarding Children

Defending Your Rights

Preserving the Environment

Helping Crime Victims

Ensuring Open and Honest Government

Building Better Charities

MethNet

PLAN INTERNATIONAL USA INC D/B/A/ CHILDREACH

01003858

135661832

12/19/1966

155 PLAN WAY

WARWICK RI 02886-1099

No county listed



Badt Search

Assets

\$29,288,468.00 \$50,962,105.00 \$25,973,029.00 \$22,622,343.00 \$21,793,341.00 \$23,109,173.00 \$22,338,985.00 \$20,082,326.00

\$18,298,621.00 \$22,927,653.00

Income

\$59,660,417.00 \$88,380,307.00 \$63,724,800.00 \$47,705,207.00 \$47,934,752.00 \$51,791,532.00 \$38,074,885.00 \$37,958,059.00

\$40,243,619.00 \$34,182,077.00

Fiscal Year

06/30/2012 06/30/2011 06/30/2010 06/30/2009 06/30/2008 06/30/2007 06/30/2006 06/30/2005 06/30/2004 06/30/2003

<<http://www.illinoisattorneygeneral.gov/charities/search/detail.jsp>>

Federal ID #

Report for the Fiscal Period: Beginning 7 / 1 / 2011 & Ending 6 / 30 /

2012

13-5661832

Are contributions to the organization tax deductible? K) Yes ☐ No

LEGAL

name^{l3'an} International USA, Inc.

MAIL

ADDRESS 155 Plan Way
CITY, STATE Warwick, RI 02886-1099
ZIP CODE

Form AG990-1L Revised 3/05

01003858

Check all items attached:

IZI Copy of IRS Return Make checks 0: Audited Financial Statements

Payable to (7J) Copy Of Form IFC

chaZ**** CI \$15.00 Annual Report Filing Fee Bunau Fund ☐ \$100.00 Late Report Filing Fee

MO DAY YR

Year-end amounts

7 / 13 / 1939

A) \$



29,288,468

1,572,148

B) \$

C) \$

27,716,320

A) ASSETS

B) LIABILITIES

C) NET ASSETS

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)

E) GOVERNMENT GRANTS & MEMBERSHIP DUES

F) OTHER REVENUES

G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE

I) EDUCATION PROGRAM SERVICE EXPENSE

J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)

Ji) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$

K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)

M) MANAGEMENT AND GENERAL EXPENSE

N) FUNDRAISING EXPENSE

O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

R) NET RECEIVED BY THE CHARITY (P MINUS Q = R) PROFESSIONAL FUNDRAISING CONSULTANTS: S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

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

T) name, TITLE: Ana Teresa Gutierrez-San Martin President /CEO

U) name, title: John McGeehan

V) name, TITLE: Scott Schroeder

V. CHARITABLE PROGRAM DESCRIPTION: charitable program ra highest by s expended) code categories

W) description: Program and Technical Support

List on back side of instructions CODE

115

X) DESCRIPTION: Development Education

Y) description: Advocacy Programs

if the Answer to any of the following is yes, attach a detailed explanation:

1. was the organization the subject of any court action, fine, penalty or judgment? 1.
2. has the organization or a current director, trustee, officer or employee thereof,
2. ever been convicted by any court of any misdemeanor involving the misuse or
2. misappropriation of funds or any felony? . . . - - --. - - - 2.
3. did the organization make a grant award or contribution to any organization in which any of its officers, directors or trustees owns an interest; or was it a party to any transaction in which any of its officers, directors or trustees has a material financial interest; or did any officer, director or trustee receive anything of value not reported as compensation? ... 3.
- 4 has the organization invested in any corporate stock in which any officer, director or
trustee owns more than 10% of the outstanding shares? _ -4.
5. is any property of the organization held in the name of or commingled with the
5. property of any other person or organization? - -- --- -- 6.
6. did the organization use the services of a professional fu ndraiser? (attach form ifc) 6.
- 7a. did the organization allocate the cost of any solicitation, mailing, advertisement or
literature costs between program service and fundraising expenses? . 7
- 7b. if "yes", enter (i) the aggregate amount of these joint costs \$;(ii) the amount
allocated to program services \$; (iii) the amount allocated to management
and general j ; and (iv) the amount allocated to fundraising £
8. did the organization expend its restricted funds for purposes other than restricted
8. purposes? 8.
9. has the organization ever been refused registration or had its registration or tax exemption
9. suspended or revoked by any governmental agency? 9.
10. was there or do you have any knowledge of any kickback, bribe, or any theft, defalcation
10. misappropriation, commingling or misuse of organizational funds? 10.
11. lis t t h e name and address of the financial institutions where the organization maintains its three largest accounts:

Bank of America Merrill Lynch, 111 Westminister St., Providence, RI 02903

NO
YES

mm

m

W

SBSfSiSSBn

n

m

IL _

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Amy Milanowski

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
 - 2.) FOR FEES DUE SEE INSTRUCTIONS.
 - 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.
- A.Teresa "Tessie" (Gutierrez) San Martin

PRESIDENT or TRUSTEE (print name) /J

David A. Cannata !^"v K

TREASURER or TRUSTEE (print name)

Copilevitz & Canter, LLC
PREPARER (PRINT NAME)

PERMIT NO. 2013-33

COMMITTEE ON FINANCE CHARITABLE SOLICITATION TAG

DAY REQUEST FORM AND ROUTE SHEET

PERMIT NUMBER: 2013-33

GROUP NAME: Muscular Dystrophy Association

ADDRESS: 520 W. Erie, #200, Chicago, IL 60654

TELEPHONE NUMBER: 312-254-0632

CONTACT PERSON: Ms. Amanda Konopka

DATE WRITTEN REQUEST WAS RECEIVED: September 3, 2013

SOLICITATION DATE: October 27, 2013

CITY COUNCIL DATE: October 16, 2013

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: October 16, 2013

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

OCT-07-2QI3 03:58PM
3035043604

FROM-MDA NORTH-CENTRAL STATES 01V
T-537 P-000/014 F-789

APPLICATION FOR CITY Qg CHjfCAOO CIUm'CAM.R SOLICITATION PjERMIT

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

1. Name of organization: HUSUd^ U^tf^^T^OCiC^C^

Telephone Number: ^ Q^Vj. 3 ^

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

Stephen P. Evans, Assistant Treasurer 3300 E.
Sunrise Drive Tucson, AZ 85718 ,520" £2<f--
2.DOO

3.

40; S spzXL \\W&^£va

4,

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,

OCT-Q7-2Q13 03:68PM FROM-MDA NORTH-CENTRAL STATES OIV

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

I/WE, THE OFFICERS) 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: RU': Status of MUSCULAR DYSTROPHY ASSOCIATION* INC. under the Illinois Charitable Laws COtf Of 002230

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the slaws of MUSCULAR DYSTROPHY ASSOCIATION, INC. under the Charitable Organization Laws.

This organl/mion is currently registered with the Attorney General's Charitable Trosi and Solicitations Bureau us CO// 01002230. U is current in the filing of its financial reports, having tiled its report for the period ended December 31,2011 » and having received on extension of time until August 3 U 2013 to file its report for the period ended December 31,2012. Please lei us know if yon require further Information,

Sincerely,

V

Toklyoli Martin Barnes, Compliance Officor
Charitable Trusts Bureau
100 West Randolph Street, 1 lth Floor
Chicago, Illinois 60601
Telephone; (312)814-2595

FROM-MOA KORTK-CENTRAL STATES PtV

(>f?Si\ TfO Q DDjwrlilWiH of tho Tnttiuy VjffiW lxxOjiifH'HM Hovonn»florv)w
P.fJ, Box ?.50U, Room 4010
Cincinnati OH 452D1

In reply refer to; 4077589806 SOP. U, 2013 LTR 4160C 0 13-1t>(3555R
DOO000 00

000SOe00

BODC: TE

MUSCULAR DYSTROPHY ASSOCIATION
3300 E SUNRISE OR TUCSON AZ
85718-3208

531S33

Employer Xrifinti fieatiun Number:13-16051552
Person to contact: Mr-. Schntz
Toll Froe Telephone Number; 1-877-82!>-5500

Dear Taxpayer;

This is in response to your Aug, 19> 2013, renuost for information re0orclin\$ your tax-exempt status.

Our records indicate that you wens recognized as exempt under

section 501(c)(5) of the Internal Revenue Code in a determination letter issued in July 1952,

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(c)(1) and 170 (e)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Requested, 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 6055(d) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(a) of the Code on our website beginning in early 2014.

FROM: NORTH-CENTRAL STATES OIV

4077589886 Sep, 16, 2013

LTR 13-16(U66C 0
13-16(SS 3B2 oonogp 00

oonosoj

HUSCULAR DYSTROPHY ASSOCIATION 3300 F.
SUNRISE DR TUCSON AZ 85718-3200

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

Kenneth Corbin, Acting Director Exempt Organizations

Sincerely yours,

OCT-07-2013 03:68PM FROM: MOA NORTH-CENTRAL STATES OIV

Letter carriers volunteering to make a difference.

MDA seeks treatments and cures for neuromuscular
diseases affecting more than 1 million Americans
through lifesaving
research and services programs.

Learn more at mda.org <<http://mda.org>>

OCT-07-2013 03:59PM FROIHIDA NORTKEHTRAI STATES 01V

NEWS

from



MDA

For Immediate Release
September 6, 2012

| NOTE TO MEDIA: To set up Interviews with The National Association of Letter Carriers, event participants or MDA staff, please contact Fundraising Coordinator Amanda Repp at 312-2S4-0632 or arepp@mdausa.org <<mailto:arepp@mdausa.org>>

Letter Carriers of Illinois "Deliver the Curo" For MDA with the Satchel Drive

Chicago, IL - The National Association of Letter Carriers (NALC) from Charles D. Duffy NALC Chicago Branch #11 will hit the streets for their second annual "Satchel Drive" this Sunday, September 16, 2012 to raise money for the Muscular Dystrophy Association (MDA).

Members of Branch #11 will be at Intersections across the City of Chicago from 11AM to 3 PM.

"It is very special for our families to feel such generous support from their local community, and all of our local NALC branches have been amazing in this respect and have been supporting MDA for 60 years," said Amanda Repp, fundraising coordinator for Chicago MDA. "We could not thank them enough for all of their efforts; they consistently go above and beyond for our organization and we are proud to have them on our side"

NALC Is the representing union of some 240 thousand professional members of the United States Postal Service who deliver mail to homes and businesses across the US. Committing Its support to MDA back In 1952, NALC represents one of MDA's first National sponsoring organizations,

Today, NALC branches raise money for MDA year round through events like the Satchel Drive, raffles, walks, letter writing campaigns, and their annual upcoming Bowl-A-Thon.

Last year, NALC raised more than \$1.7 million dollars nation-wide through various fundraising efforts, and have raised more than \$20 million dollars over the last 16 years.

OCT-07-2013 03:59PM FROM-MOA HORTH-CENTRAL STATES 0!V
3036043604 T-537 ?014/014 F-788

The State of Illinois' Letter Carriers are third in the nation for fundraising efforts, helping provide MDA with lifesaving research, equipment, programs, summer camps and more. There are more than 2,500 families that are registered with MDA In Northern Illinois alone. The money raised from this satchel drive stays local and provides help and hope for these families.

MDA is the nonprofit health agency dedicated to curing Muscular Dystrophy, Including ALS and other related diseases by funding worldwide research. In addition to funding more than 330 research hums,, MDA maintains \$ national network of some 200 hospital-affiliated

etinos; orchestrates hundreds of support groups for families affected by neuromuscular diseases and facilitates extraordinary local summer camp opportunities for thousands of youngsters fighting progressive muscle diseases.

mm

ACORD,

ID: sc

CERTIFICATE 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 CONFIRM 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, and SUBROGATION IS WAIVED, subject to the terms and conditions of the policy.

PRODUCER California Resident name*CT Danielle Marinello

International Insurance

Camelback Rd Suite 250

602-395-9111 Fax: 602-

(A/c, No, Ext): 602 - 749-4110

(A/c, No): 866-215-0963

address:

danielle.marinello@hubinternational.com

<mailto:danielle.marinello@hubinternational.com>

al.com>

PRODUCER CUSTOMER 10 U

INSURER(S) AFFORDING
COVERAGE

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A
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C

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8
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5
8

INSURED Muscular Dystrophy

Sunrise Drive Tucson, AZ

Philadelphia Indemnity Insurance

INSURER B

25674

INSURER

C

INSURER

D

INSURER E

INSURER F

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 ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTK

ADDL INSR

SUBR WVD

POLICY EFF MM/DD/YYYY

POLICY EXP MM/DU/YYYY

GENERAL LIABILITY

>E [3'

COMMERCIAL GENERAL LIABILITY CLAIMS-MADE

GEN L AGGREGATE LIMIT APPLIES PER:

] POLICY ["] PROJECT X L.O.C

AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS

EACH OCCURRENCE
DAMAGE TO RENTED PREMISES <Ea Occurrence)

MED EXP (Any one pu/son)
PERSONAL S ADV INJURY

GENERAL AGGREGATE

PRODUCTS-COMP/OPS AGG

COMBINED SINGLE LIMIT (Ea accident)
BODILY Injury (Per person)

BODILY INJURY (Per accident)

S 1.000.000

S 300.000

20.000

S 1,000.000 S 2.000.000 S 2.000.000 S

HIRED AUTOS NON-OWNED AUTOS
PROPERTY DAMAGE
(Per accident)

UMBRELLA LIAB EXCESS LIAB

DEDUCTIBLE RETENTION

OCCUR CLAIMS-MADE

EACH OCCURRENCE AGGREGATE

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?

(Mandatory In f/H)

If yes, describe under

DESCRIPTION OF OPERATIONS below

WC STAT-TORY LIMIT
E L EACH ACCIDENT

EL DISEASE-EA EMPLOYEE

EL. 0 IS EASE - POLICY LIMIT

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

Additional Insured - State or Political Subdivisions - Permits Endorsement CG 2012 (07 98) The Certificate Holder is added as additional insured as respects to their interest in NALC Branch 11 Satchel Drive taking place October 27, 2013 at various intersections in Chicago, IL

CERTIFICATE HOLDER

City of Chicago - City Hall 121 LaSalle Street Chicago, IL 60602 312-744-5000

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED
IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

NAMED INSURED

Muscular Dystrophy Association, Inc.

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: 2009/09

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POLICY NUMBER: PHPK995823

COMMERCIAL GENERAL LIABILITY

CG 20 12 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY
OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR
AUTHORIZATIONS**

This endorsement modifies insurance provided under the following: COMMERCIAL

GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision: Any State or Political Subdivision if required by a signed contract.

City of Chicago - City Hall 121 LaSalle
Street Chicago, IL 60602 312-744-5000

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

ACORD, CERTIFICATE OF LIABILITY INSURANCE so "TM SET

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 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

PRODUCER California Resident License CONTACT name : Danielle Marmello

International Insurance Service

Camelback Rd Suite 250 Phoenix

602-395-9111 Fax: 602-395-0

(A/c, No, Ext): 602 - 749-4110

f.w.c.No): 866-215-0963

address:

danielle.marinello@hubinlernational.co

m

<mailto:danielle.marinello@hubinlernational.com>

onal.com>

PRODUCER CUSTOMER ID#

INSURER(S) AFFORDING COVERAGE
 INSURED Muscular Dystrophy Association
 Sunrise Drive Tucson, AZ 85705
 INSURER A : Philadelphia Indemnity Insurance Corporation
 INSURER B :
 INSURER C :
 INSURER D :
 INSURER E :
 INSURER F :
 NAIC# 25674

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ub j	TYPE OF INSURANCE	ADDL INSR	SU8R WVO	POLICY NUMBER	POLICY EFF MM/DD/YY	POLICY EXP MM/DD/YY	LIMITS
A	GENERAL LIABILITY			PHPX995801/0123	01/01/2013	04/01/2014	EACH OCCURRENCE \$ 1,000.00
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ 300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN I. AGGREGATE LIMIT APPLIES PER.		C				GENERAL PRODI AL AGGREGATE \$ 2,000,000
	POLICY PROJECT X LO						ICTS-COMP/OPS AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						BODILY Injury (Per person) \$
--							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB		OCCUR CLAIMS-MADE				EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE RETENTION \$						\$
	WORKERS COMPENSATION (unlabeled)						WC STAT-1 TORY LIMITSj
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E L EACH ACCIDENT \$
							E L DISEASE -EA EMPLO' \$
							E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/ LOCATIONS / VEHICLES (Attach ACORD 181, Additional Remarks Schedule. If more space is required) Additional Insured - State or Political Subdivisions - Permits Endorsement CG 2012 (07 98) The Certificate Holder is added as additional insured as respects to their interest in NALC Branch 11 Satchel Drive taking place October 27, 2013 at various intersections in Chicago, IL
 CERTIFICATE HOLDER CANCELLATION
 NALC Branch 11 3850 S. Wabash Chicago, IL 60653 773-624-4209

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
 AUTHORIZED REPRESENTATIVE

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ADDITIONAL REMARKS SCHEDULE

HUB International Insurance Services Inc.

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: 2009/09

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