



Office of the City Clerk

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

Legislation Text

File #: Or2016-191, Version: 1

CHICAGO April 13. 2016 To the President and

Members of the City Council:

Your Committee on Finance having had under consideration one (1) order authorizing five (5) applications for City of Chicago Charitable Solicitation (Tag Day) permits.

- /
- A. The Salvation Army Metropolitan Division
June 3-4, 2016; November 1, 2016 - December 24, 2016 (excluding Sundays)
Citywide
 - B. Blue Cap August 19-20, 2016 Citywide
 - C. State Department of Illinois
Polish Legion of American Veterans, U.S.A.
May 19-22, 2016
Citywide
 - D. ChildFund International
April 14, 2016- December 31, 2016 Citywide
 - E. Chicago Firemen's Post 667 May 25-27, 2016 ,
Citywide

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 **fa vjYa^"*p**
vote of the members of the committee with **dissenting**
vote(s)).

(signed)^> q^^V^ X6>. JL Respectfully submitted
Chairman

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

- A. The Salvation Army Metropolitan Division

June 3-4, 2016; November 1, 2016 - December 24, 2016
(excluding Sundays)
Citywide

- B. Blue Cap August 19-20, 2016 Citywide
- C. State Department of Illinois
Polish Legion of American Veterans, U.S.A.
May 19-22, 2016
Citywide
- D. ChildFund International
April 14, 2016 - December 31, 2016 Citywide
- E. Chicago Firemen's Post 667 May 25-27, 2016
Citywide

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Edward M. Burke Alderman, 14th Ward

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PERMIT NO. 2016-07

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

PERMIT NUMBER: 2016-07

GROUP NAME: The Salvation Army Metropolitan Division

ADDRESS: 5040 N. Pulask

.i Road, Chicago, IL 60630

TELEPHONE NUMBER:

312-205-3537

CONTACT PERSON: Shanell Allen

DATE WRITTEN REQUEST WAS RECEIVED: March 8, 2016

SOLICITATION DATE:

June 3-4, 2016

November 1, 2016 - December 24, 2016 (Except Sundays)

CITY COUNCIL DATE:

April 13, 2016

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 13, 2016

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

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APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: The Salvation Army Metropolitan Division

1. Address: 5040 N. Pulaski Road, Chicago, IL 60630

1. Telephone Number: 773-725-1100

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

Lt. Colonel Charles Smith : 5040 N. Pulaski Road
Chicago, IL 60630

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

June 3-4, 2016 and November 1 thru December 24, 2016 Sidewalks in the
Public Way throughout the City of Chicago

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

Approximately 75 people/volunteers

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

Volunteers will be using marked Donut Day collection boxes and Red Kettles

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

Yes, we have solicited in the City of Chicago for 75 years.

7. **Include the following with your application:**

- A. **A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois.**
- B. **A copy of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its**

solicitation.

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

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.)

of Pev&L-opneNjr

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.

Name of organization

Signature of organization officer

3 ib

Date

Mar-08-16 05:29pm From-

OFFICE OF THE ATTORNEY GENERAL
March 8, 2016 STaTK oh ILLINOIS

THE SALVATION ARMY
10 W ALGONQUIN RD
DES PLAINES, IL 60016

Lisa Madigan
*riurnky ckneuai.

RE: RE: Status of THE SALYATK iN ARMY under the Illinois Charitable Laws CO#

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of THE SALVATION ARMY under the Illinois Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as is and has been granted single religious exemption from filing annual financial reports with our office. Please let us know if you require further information.

Sincerely,

Taiyah Martin Barnes, Compliance Officer
Charitable Trusts Bureau
101 West Randolph Street, 11th Floor

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

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Founded in 1865 by William and Catherine Booth

Metropolitan Division

Paul R. Seller, Territorial Commander

Charles H. Smith, I.T. Colonel
Division 11, Central Mail

Andre Cox, General

March 8, 2016

Mr. David Espinoza
Committee on Finance City
of Chicago 121 N. LaSalle
Street Room 302 Chicago,
IL 60602

Dear Mr. Espinoza,

Enclosed you will find an application from The Salvation Army requesting approval to conduct a charitable solicitation in support of our upcoming Donut Day fundraising event and Kettle Campaign. The dates of this year's event are June 3-4, 2016 and November 1 thru December 24, 2016.

Funding from this event will help to support The Salvation Army's program and services for people in need throughout the city. We thank you for your past support and assistance in securing these permits and approvals.

If you have any questions or need additional information, please do not hesitate to contact me at 773-205-3537 or Shanell_Alleni@usc.salvationarmy.org <mailto:Shanell_Alleni@usc.salvationarmy.org>.

Best regards,

Shanell Allen

p. 773 72R 1100 | f 773 725 282? ! www.Ra:amiych:eago.org

PERMIT NO. 2016-08

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

PERMIT NUMBER: 2016-08

GROUP NAME Blue Cap

ADDRESS: 2155 Broadway, Chicago, IL 60406

TELEPHONE NUMBER: 708-389-8137

CONTACT PERSON: Sheryl Germany

DATE WRITTEN REQUEST WAS RECEIVED: March 1, 2016

SOLICITATION DATE: August 19-20, 2016

CITY COUNCIL DATE: April 13, 2016

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 13, 2016

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: i *a <£. Cc\ ^

Address: vXttffT R^^^cy Telephone Number: 7o* - 3'<?<? - */ J 7

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

2. telephone numbers of the officers in _the_ organization: . .

_ " r~- ~" " "X <Vw.7<-i-i, G.v»'<= o "\ 4£\V><=

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

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

/So

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?

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.

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Chicago Locations

Rock Island RR- 103 and Longwood*
Rock Island RR - 107th and Longwood*
Rock Island RR - IIIth and Longwood*
95th & Western - East/West/North/South
99th & Western - East/West/North/South
103rd & Western- East/West/North/South
IIIth & Western -East/West/North/South
IIIth & Kedzie - East/West/North/South
95th & Ashland -East/West/North/South
119th & Western (Walgreens with their permission)
A few Loop locations
Union Station*
LaSalle Street Station*

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

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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.)

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Title "" it y ,6U Uf£..i

Signature .-V. <A. , g^Vyftj&. £<>{(VyT_ Title 5>^e ... s p.h.

Signatures, j/u.^JJ^ S/(/Jl/I^oi^. Title

Vj < |?

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.

\5'x, ^. Ccx'^

Name of organization

Signature of .organization officer

Date

Mar-17-16 12:33pn From-

OFFICE OF THE ATTORNEY GENERAL
March 17, 2016 STATf; of ILLINOIS

BLUE CAP FOUNDATION, INC.
2155 BROADWAY * J2SS BLUE ISLAND. IL 60406

M ”

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

COFF ” |

Dear Registrant:

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

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as COFF. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2015. Please let us know if you require further information.

Sincerely,

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

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 AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER \r\ur <file:///r\ur> J. Gallagher Risk Management
Services, Inc. Two Pierce Place tascas IL 60143

CONTACT name:
Ryan Doyle
(A/C, Nn, FYt): 630-285-
3678
| (A/C. No):
aSKress-
Ryan_doyle@ajg.co
m
<mailto:Ryan_doyle
@ajg.com>

INSURER(S)	NAIC#
AFFORDING	
COVERAGE	
INSURER	Great American 26832
A	
INSURER	Great American 116691
B	
INSURER	
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INSURER	
D	
INSURER	
E	

INSURED Blue Island Citizens 2155 Broadway Street Blue Island IL
60406-3050

INSURER
F

COVERAGES

☒ COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE ☐ ☒ OCCUR

■ 7/1/2015

REVISION NUMBER:

EACH OCCURRENCE

DAMAGE TO RENTED PREMISES (Ea occurrence)

MED EXP (Any one person) PERSONAL & ADV INJURY

\$2,000,000

GENERAL AGGREGATE

PRODUCTS - COMP/OP AGG, \$2,000,000

COMBINED SINGLE LIMIT

(Ea accident)

BODILY INJURY (Per person)

ALL OWNED AUTOS

☐ SCHEDULED AUTOS ☐ NON-OWNED HIRED AUTOS ☐ AUTOS

BODILY INJURY (Per accident)

PROPERTY DAMAGE

(Per accident)

B ☒ UMBRELLA LIAB EXCESS LIAB

OCCUR CLAIMS-MADE

EACH OCCURRENCE AGGREGATE

PER ☐

RETENTION \$

WORKERS COMPENSATION

AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED⁷ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below

OTH-ER

PER

STATUTE

E L EACH ACCIDENT

E L DISEASE - EA EMPLOYEE- \$

E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\u\o Deductibles: Comprehensive \$500 / Collision

\$1,000 Evidence of Insurance for:

fag Day Events: August 19, 2016 and August 20, 2016

CERTIFICATE HOLDER

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

ACORD 25 (2014/01)

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and logo are registered marks of ACORD

V1// JLjCckS Internal Revenue Service-P . 0. Box 2508 Cincinnati OH

BLUE ISLAND CITIZEN5S FOR PERSONS WITH
DEVELOPMENTAL DISABILITIES 2155 BROADWAY ST
BLUE ISLAND IL 60406-3Q5D

Employer Identification Numbers ' . ,
Person to Contacts "MS INKLE R Toll
Free Telephone Number; 1-877-829-5500

Dear TAXPAYER;

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

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

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

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

If you have any questions, please call us at the telephone number shown in the heading of this letter,
Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

Sincerely yours.

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BLUE CAP

Mission Statement

Blue Cap is an organization dedicated to the discovery,
pursuit and achievement of personal growth and dignity for individuals of

all ages having or at risk for developmental disabilities.

Blue Island Citizens for Persons with Developmental Disabilities

Blue Cap is a 501(c)(3) non-profit organization.

Youth Services

School Program is an Illinois State Board of Education approved program serving students with intellectual disabilities ages 3 through 21 years of age with a diagnosis of autism, physical impairment, cognitive delay or other health impairments. We provide educational, therapeutic, self-help and pre-vocational services to students, 3 to 21 years of age, diagnosed with severe developmental disabilities and/or autism.

Early Intervention An early intervention records management and billing service which allows therapists the time to focus on providing the best therapy for children age birth to 3.

Adult Services

Adult Day Services offers individualized support and education to persons with developmental disabilities, 18 years and older, with an emphasis on vocational training and teaching of daily living skills.

- A Workshop facility provides a supervised work environment in which adults with developmental disabilities are trained to do a variety of jobs contracted from local industries.
- Supported Employment offers individualized support to adults with developmental disabilities who are interested in community job placement, while providing businesses with quality employees
- Senior Program offers older individuals living with developmental disabilities the opportunity to retain their current life skills while embracing their golden years.

Residential offers a variety of supportive living arrangements in the community for adults with developmental disabilities.

Specialized Services offers a facilitator to support families receiving services for adults with intellectual and developmental disabilities who are living at home.

Overview of Services

In 1967, Blue Cap responded to the needs of the community by providing a school program that served 28 students with developmental disabilities. Today, Blue Cap offers seven different programs which provide educational, vocational, therapeutic and residential services to nearly 200 infants, children and adults. Blue Cap serves the south side of Chicago and more than 30 suburban communities.

Adult Services Building Main Office

2155 Broadway Blue Island, IL 60406 708.389.6578 708.389.5086 fax

Instructional Center 1962 Broadway Blue Island, IL 60406 708.389.8137 708.389.3669 fax

Visit us at:

www.bluc-cap.org <<http://www.bluc-cap.org>> j^j

Like us on 4tj^-j*jtv

Facebook HA™

Blue Island Citizens for Persons with Developmental Disabilities

1962 Broadway Blue Island, IL 60406 Phone: (708) 389-8137 Fax: (708) 389-3669 www.Blue-Cap.org <<http://www.Blue-Cap.org>> Like us on Facebook

Coming up on Blue Cap's Calendar:

Blue Cap Foundation 22nd

Charity Invitational Silver Lakes Country Club Wednesday June 15, 2016

Attention: *CU \) \& A< p l fl <S> A*

Company: ? V^- 4^<y> 'Z-iXy^l (■> vs. ^ f^ «-»a „-)<■

From:

Date: ^/aZ/flflM

Number of Pages (including cover sheet): Q_

Message: K)c\ 0 i Ql

Mission Statement

Blue Cap is an agency dedicated to the discovery, pursuit and achievement of personal growth and dignity for individuals of all ages having or at risk developmental disabilities.

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged or confidential. You are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the United States Mail.

Blue Cap, located in Blue Island, is a 501(c)(3) non-profit organization that has been providing services for people of all ages with developmental disabilities since 1967.

Sponsored by: Ferrara Candy Co.

Thank you for supporting Blue Cap!

Blue Cap has been offering support to children and adults with developmental disabilities since 1967. We touch the lives of nearly 250 people each year through one of our 9 distinct programs. We currently serve families from the City of Chicago and over 30 suburban communities. Our Workshop contracts with 5 different businesses, offering valuable job training to over 100 adults with developmental disabilities. Blue Cap operates 8 community-centered homes for adults with developmental disabilities. Our school program provides educational and therapeutic services to students diagnosed with severe developmental disabilities and/or autism. Of each dollar donated to Blue Cap, 88 cents goes directly to the programs and services. Your tax deductible contribution to Blue Cap Tag Days helps make all of this possible. Thank you!

BLUE CAP

Contact us to learn more: 708.389.6578 or [j] \ www.blue-cap.org <http://www.blue-cap.org>

TM--^Q@23BTr3s^ BlueCap p ,_,

L^^XJJ^=Ci--/" 21 55 Broadway |m|

Blue Island, IL 60406

PERMIT NO. 2016-09

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

PERMIT NUMBER: 2015-09

GROUP NAME: State Department of Illinois -

Polish Legion of American Veterans

ADDRESS: 5048 W. Wellington Avenue, Chicago, IL 60641

TELEPHONE NUMBER:

773-545-9159

CONTACT PERSON: Mr. Walter Komarnicki

DATE WRITTEN REQUEST WAS RECEIVED: March 18, 2016

SOLICITATION DATE: May 19-22, 2016

CITY COUNCIL DATE: April 13, 2016

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 13, 2016

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

wkDmarnicki@sbcglobal.net- <mailto:wkDmarnicki@sbcglobal.net-> att.net <http://att.net> Mail

APPLICATION FOR C.I.T.V OF C.I.I.C.A.M.I CHARITABLE SOLICITATION P.E.I.O.I.T

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use :ilt:ich additional sheets.)

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APPLICATIONS MUST BE RECEIVED UV IHE COMMITTEE Ois' FINANCE NO
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AND AM, ATTACHED SHEETS IS TRUE AM) CORRECT TO THE BEST Or
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Sign:iluire_

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I
"Unity with Heritage"

Commander Robert Swan 530 LaFayette Lane Hoffman Estates, IL 60169 847-322-9874 E-Mail
robert.swan@sbcglobal.net <mailto:robert.swan@sbcglobal.net>

DEPARTMENT OF ILLINOIS

CHARTERED BY ACT OF CONGRESS ILLINOIS CHARTERED APRIL 14, 1921
"Aid to the Blind Program "

Adjutant Julianne Viduya 2402 N. New England Chicago, IL 60707 773-622-6901

State Department Officers

Commander Robert Swan, \

Sr. Vice-Commander: penriis Deisenroth, Jr. Vice-Commander: Kevin Pomykala,^

Treasurer: Walter J. ko.marnickV'I__

Adjutant: Julianne Viduja,.

\ Hoffman Estates, IL 60167

Island Lake, IL 60042

„ Elwood, IL 60421

\ Chicago, IL 60641 I, Chicago, IL 60707

f/O

Beginning ⁰¹ & Ending. ¹²

Federal ID # :_.

Are contributions to the organization tax deductible? (ZI Yes D No

I/O

01

Lonn AG990-1L Revised 3/05

/01,21

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE

POLISH LEGION OF AMERICAN VETERANS - STATE DEPT OF IL

5048 WEST WELLINGTON AVENUE CHICAGO, ILLINOIS 60641-5045

Year-end amounts

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, WI, & N)

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraisirsg Campaign- Form IFC One 'cr each FFR.¹, PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

AMOUNT

18,510

4,105

LSI 5

24,430

23,134

23,134

23,134 5,659

28,793

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 WALTER KOMARMICKI - TREASURER

U) NAME, TITLE JULIANNE VIDUYA - DIRECTOR

V) NAME, TITLE R SWAN - DIRECTOR

V. CHARITABLE PROGRAM DESCRIPTION: ch/9W7able program p highest by s expended) code categories W) DESCRIPTION COMFORT AND AID TO VETERANS IN HOSPITALS

List on back side of instructions CODE

W)# 127

XJ DESCRIPTION

Y) DESCRIPTION.

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" i

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

i 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? . 5.

6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER" i ATTACH FORM IFC) 6

7a j 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 £ i(n) THE AMOUNT ALLOCATED TO PROGRAM SERVICES S (in) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL S AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING S

3 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? B

9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION 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 MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? 10

11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS.

ATHENE ANNUITY & LIFE ASSURANCE CO #0040099504; AMERICAN GENERAL LIFE SERVICES CO #MN034810;
MCHENRY BANK AND TRUST #2650002077

12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: WALTER KOMARNICKI

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.

DATE

SIGNATURE

NT name: Q 7/r- SIGNATURE

DATE /

int name)

SIGNATURE DATE

- ^egtcn American Veterans

TEEEP BY ACT OF CONGRESS fcf^O?

PERMIT NO. 2016-11

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

PERMIT NUMBER: 2016-11

GROUP NAME: ChildFund International

ADDRESS: 2821 Emerywood Parkway, Richmond, VA 23294

TELEPHONE NUMBER: 703-556-0411

CONTACT PERSON: Hailey Render

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2016

SOLICITATION DATE: April 14, 2016- December 31, 2016

CITY COUNCIL DATE: April 13, 2016

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 13, 2016

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

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Kgeo (sf esgGftkoffte: ChldFund International

Address 2821 Emerywood Parkway, Richmond, VA 23294

tome Nsaafeer; 804-756-3513

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"Face tb'Face Fundraising campaign on the street. Our agent, DialogueDirect will generate commitments and
increase the public awareness of the charitable efforts of ChildFund International

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Code of Practice for DialogueDirect Fundraisers

APPLICATIONS MUST BE RECEIVE© BY THE COMMITTEE ON FINANCE NO LATE THAN 30 DAYS
PRIOR TO THE COMMENCEMENT OF THE SOLICITATJION.

I/WE, THE OFFICER(S) OF THE ABOVE NAME 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.)

OCCWeJ) muPp&dtvt jog)

rV-./btu^ \ ^Cj"

rm Ciffip

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

Name of organization

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Feb-24-16 03:20pm From-

OFFICE OF THE ATTORNEY GENERAL

STATE OF ILLINOIS

CHILDFUND INTERNATIONAL, USA 2S21 HMERYWOOD PARKWAY RICHMOND, VA 23261

RE: RE: Status of CHILDFUND INTERNATIONAL, USA under the Illinois Charitable Laws CO#

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of CHILDFUND INTERNATIONAL, USA under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO*¹, is current in the filing of its financial reports, having filed its report for the period ended June 30, 2014, and having received an extension of time until February 29, 2016 to file its report for the period ended June 30, 2015. Please let us know if you require further information.

Sincerely,

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

Chairman

Marilyn F. Grist

Vice Chairman

John L. Lewis IV

Secretary

Nancy Hill

Chair, Audit CommSttee

Sarah G. Green (Sally)

Board Members

John B. Adams

Austin Brockenbrough IV

Jane D. Brown

Thomas C. Deline

Elizabeth Flanagan (Betsy)

Shailendra Ghorpade

Ed Grier

Ayesha Khanna

Jill E. Korbin

Tushar Makhija

Lyn McDermid

Geremie Sawadogo

Daniel Silva

Anne Waleski

President & CEO

Anne Lynam Goddard

Vice President, Finance & Operations/CFO

James Tuite

Chief Development & Marketing Officer

Aki Temiseva

Address for all:

**ChildFund International 2821 Emerywood Parkway Richmond, VA
23294**

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ATTACHMENT E

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Fax Transmission

**Charitable Trusts and Solicitations Bureau 100 W. Randolph
Street, 11* Floor Chicago, IL 60601-3175 Phone: (312) 814-2595
Fax: (312) 814-2596**

To: Haiev Render

Date: 02/24/2016

Fax #: ,88-222-6807

Pages: (2) including cover page

From: Takiyah Manin-Barrws Compliant:..
Officer

Direct: 312-814-5840

*«bjcct: Letter of Good Standing Request CQ# 01QQ439S

COMMENTS:

Forms can be downloaded at www.illinoisattorneygeneral.gov <<http://www.illinoisattorneygeneral.gov>> under "Building Better Charities."

This FAX may contain attorney-client, attorney work product or other privileged and/or confidential information. This FAX is intended only for the use of the individual or entity to which it is addressed. If you have received this FAX in error, please notify the sender at the above telephone number and destroy this FAX. If you are not the intended recipient, you are hereby notified that any retention or dissemination of this FAX and/or the information it contains is strictly prohibited.

ORIGINAL (check one) X WILL

GENERAL COUNSEL

ATTORNEYS AT LAW

6849 Old Dominion Drive, Suite 220, McLean, Virginia 22101 (Main) 703-556-0411 (Fax) 888-222-6807 WWW.GENE.RALCOUNSELLAW.COM
<<http://RALCOUNSELLAW.COM>>

Hailey b. render

EMAIL: HRI-NDER@GCPC.COM <<mailto:HRI-NDER@GCPC.COM>>
DIRECT DIAL: (703)226-1874

March 10, 2016

SENT VIA FEDEX

David Espinoza
City of Chicago - Committee on Finance City Hall,
Room 302 121 North LaSalle Street Chicago, IL 60602

Re: Application for Charitable Solicitation Permit

To David:

I wanted to thank for all of your guidance and support thus far, it is greatly appreciated.

Enclosed you will find the following documents for a Charitable Solicitation Permit for Dialogue Direct and ChildFund International:

- Application for City of Chicago Charitable Solicitation permit along with the attachments.
- The requisite fee amount of \$910.00 (in the form of a check)
- Letter of Good Standing issued by the Charitable Trust and Solicitation Bureau.

Please let me know if you have any questions regarding this application.

PERMIT NO. 2016- 12

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

PERMIT NUMBER: 2016-12

GROUP NAME: Chicago Firemen's Post 667

ADDRESS: 3647 N. Tripp Avenue , Chicago, IL 60641-3038

TELEPHONE NUMBER: 773-283-4305

CONTACT PERSON: James Mindak

DATE WRITTEN REQUEST WAS RECEIVED: March 13, 2016

SOLICITATION DATE: May 25-27, 2016

CITY COUNCIL DATE: April 13, 2016

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 13, 2016

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS: j

**OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS**

CHICAGO FIREMEN'S LEGION POST 667 3647 N. TRIPP AVE. CHICAGO, IL 60641-3038

RE: RE: Status of CHICAGO FIREMEN'S LEGION POST 667 under the Illinois Charitable LawsCO#|

Dear Registrant:

This letter is pursuant to your request that the Attorney General confirm the status of CHICAGO FIREMEN'S LEGION POST 667 under the Charitable Organization Laws.

This organization is currently registered with the Attorney General's Charitable Trust and Solicitations Bureau as CO# █] It is current in the filing of its financial reports, having filed its report for the period ended December 31, 2015. Please let us know if you require further information.

Sincerely,

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

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

- L Name of organization: CHICAGO FIREMEN'S POSS 66?
AMERICAN LEGION
Address- 36^7 N. TRIPF AVE.
CHICAGO, IL. 606^1-3038
Telephone Number: 77;**
- 2. Use the space below to list names, current positions, residence addresses and telephone numbers of the officers in the organization:**
JAMES MINDAK
A DJ U TAN T /F IN A N GE OFFICER AVE.
CHICAGO , " ILY 606*1-1-3038
- 3. List the date and approximate location(s) of solicitation:**
MAY 25, 26, 27, 2016
VARIOUS LOCATIONS WITHIN CITY OF CHICAGO LIMITS
- 4. Approximately how many persons will be engaged in the solicitation? APPROX. 5-8**

5. Explain the methods your organization will use to solicit funds:
STREET SALS OF POPPY'S TO AID VETERANS IN VARIOUS VA HOSPITALS AND HOMES.

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

YES, MAY 20-22, 2015

PERMIT NO. 2015-05

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. ^{^^jLjio^M^tferfa^} token (if any)
or which wi
will be distributed as part of the solicit' used by your organization in its solicit

Please include any other relevant information which on Finance in reviewing this application.

**REGISTRATION WITH ATTORNEY GENERA.⁷ DEPT. OF ILLINOIS AMERICAN LEGION
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_

Signatnre_

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.

CHICAGO FIREMEN'S POST 667 AMERICAN LEGION Name of organization

13 MAR. 2016

Date

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