



# Office of the City Clerk

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

## Legislation Text

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**File #:** Or2011-426, **Version:** 1

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

B.  
C.  
D.  
E.  
F.  
**G.**

Misericordia Heart of Mercy Home

April 22-24, 2011

Citywide

Park Lawn Association, Inc. April 15-16, 2011 April 22-23, 2011 Citywide

The Salvation Army June 3-4, 2011 Citywide

The Salvation Army

November 18, 2011 through December 14, 2011 Citywide

BrightStar of Chicago March 26, 2011 Citywide

Veterans of Foreign Wars, Mont Clare-Leyden Post 1284 & Ladies

Auxiliary

May 27-29, 2011

Citywide

Blue Island Citizens for Persons with Developmental Disabilities (d/b/a Blue Cap)

September 30, 2011 through October 1, 2011 Citywide

Chicago and Greater Metropolitan Area Have-A-Heart Charities

September 8-10, 2011

Citywide

shall take effect and be in force from and after its passage.

Edward M. Burke Alderman, 14<sup>th</sup> Ward

**PERMIT NO. 2011-06**

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

**PERMIT I: 2011-06**

**NUMBER**

**GROUP NAME: Misericordia  
Heart of  
Mercy Home**

**ADDRESS: 6300 N. Ridge Road, Chicago, IL 60660**

TELEPHONE NUMBER: 773  
-  
973  
-  
630  
0

CONTACT PERSON: Sister  
Rosemary  
Connelly

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2011

SOLICITATION DATE: April  
22-24,  
2011

CITY COUNCIL DATE: April  
13, 2011  
1

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 14, 2011

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: *Chicago Community Foundation*

Address:

Telephone Number: *773-630-9730*

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

*Chicago Community Foundation*

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

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

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? *Yes, 2011*

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. 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.)

#### HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable . solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement' and waiver of liability and indemnity agreement.

T.-^\*S--ifr\\

Date

PERMIT NO. 2011-07

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

PERMIT NUMBER: 2011-07

GROUP NAI Park Lawn Association, Inc.

ADDRESS: 10833 LaPorte Ave., Oak Lawn, IL 60453

TELEPHONE NUMBER: 708-425-6867

CONTACT PERSON: Kristen Bonk

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2011

SOLICITATION DATE: April 15-16, 2011  
April 22-23, 2011

CITY COUNCIL DATE: April 13, 2011

COMPLETION OF FDLE DATE:

STATEMENT OF RECED7TS AND DISTRD3UTION RECEIVED:

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 14, 2011

VIOLATION (S)

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

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

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

**I. Name of organization: Park Lawn Association, Inc.**

Address: ^, \_\_, , ^

**- 10833 LaPorte Ave**

**m, , , Oak Lawn, IL 60453**

**Telephone Number: 708-425-6867**

**Use the space below to list names, current positions, residence addresses and tell numbers of the officers in the organization: Kristen Bonk, tferketing and Volunteer fcfenager, 10833 LaPorte Ave., Oak Lawn, IL 60453, 708-425-6867**

List the date and approximate location (s) of solicitation?

**approximate 1<**

**April 15<sup>m</sup> / 16<sup>in</sup> and April 22<sup>""</sup> / 23<sup>rd</sup>, 2011 ^ Southside of Chicago**

**4. Approximately how many persons will be engaged in the solicitation? Approximately 100 People.**

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

**Our volunteers will wear bright oranges reflective safety vest with Park Lawn's logo on the front and back, they will have a bucket with a Park Lawn logo on it to collect the donations, they will provide individually wrapped pieces of candy to the donors and a rear view mirror tag with information of Park Lawn on it**

**6. Was your organization ever allowed to solicit funds in prior years in the City of Chicago? If so, when? Yes, 2010**

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

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

**B. A facsimile of the tag, badge, emblem or other token (i f 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.**

**Park Lawn's mission is to provide services that promote independence, choice and access to community living for people with developmental disabilities.**

**Our Tag Day event scheduled April 15<sup>th</sup> / 16<sup>th</sup> and April 22<sup>nd</sup> / 23<sup>rd</sup> is one of our most successful events because it allows all of our supporters to inform the Chicago land area about the capabilities that individuals with developmental disabilities can display when provided resources through Park Lawn. It is a low expensed fundraiser with a lot of rewards.**

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

**Signature**

***Title I)(Y^4 Vflt***

Signature

*Title MjxMx, &l^i Ji^ztt Z-^-K*

Signature

Title

Date

**HOLD HARMLESS AGREEMENT**

1. The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.
2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.
3. The officer of the subject organization has read and voluntarily signs the hold harmless agreement and waiver of liability and indemnity agreement.

Name of organization Signature of organization officer

Date Q3L Y~ Qgy/Y

02/25/2011 09:56 217524B281 IL SEC CF STATE PAGE 02/82

File Number 3539-31.8-8

***To all to whom these Presents Shall Come, Greeting:***

*/, Jesse White, Secretary of State of the State of Illinois, do hereby certify that lam the keeper of the records of the Department of Business Services. I certify that*

PARK LAWN ASSOCIATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 25, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE. IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

Authentication It; 1105600919 • verify at [www.cy%5eedriveijluwjis.com](http://www.cy%5eedriveijluwjis.com) <<http://www.cy%5eedriveijluwjis.com>>

***In Testimony Whereof, i hereto set***

***my hand and cause to be affixed the Great Seal of***

***the State of Illinois, this 25TH***

***day of FEBRUARY A.D. 2011***

SECRETARY OF STATE

T1J C Department of the Treasury Hlffjflf JL.IX.i5 <<http://JL.IX.i5>> Internal Revenue Service

**P-. 0. Box 2508 Cincinnati OH 45201**

**In reply refer to: 0248164828 Feb. 08, 2011 LTR 4168C E0 36-2406623  
000000 00**

**00013612 BODC: TE**

**PARK LAWN ASSOCIATION INC**

**10833 LAPORTE AVE**

**OAK LAWN IL 60453-5412**

1613

Employer Identification Number: 36-2406623

Person to Contact: Tonya Morris

Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 28/ 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501 (c) (3) of the Internal Revenue Code in a determination letter issued in July 1965.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a) (3) .

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

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) <<http://www.irs.gov/eo>> for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(d) of the Code on our website beginning in early 2011.

**PERMIT NO. 2011-08**

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

**PERMIT NUMBER: 2011-08**

**GROUP NAME: The Salvation Army**

**ADDRESS: 5040 N. Pulaski, Chicago, IL 60630**

**TELEPHONE NUMBER: 773-725-1100**

**CONTACT PERSON: David Magnuson**

**DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2011**

**SOLICITATION DATE: June 3-4, 2011**

**CITY COUNCIL DATE: April 13, 2011**

**COMPLETION OF FILE DATE:**

**STATEMENT OF RECEIPT AND DISTRIBUTION RECEIPTS**

**DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 14, 2011**

***VIOLATION (S)***

**COMMITTEE LETTER SENT:**

**COMPLY RECEIVED:**

**COMMENTS:**

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

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

1. Name of organization: ThS Salmon /Wu} , Hfejro po I bW\; £)(C|S<cnrv

Address: SA</T> Nfor~|h P(a1w2& (load , Chicago it- Wo

Telephone Numbei-^f-i^j) I^S- t.l OO

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

\>ojo\d WaariUW- Senior \$<&uA,-h\&p\rector opQfWop^^

&#oy&k . Tev#\ ' h^ec^vr of- Corp^oita /^(^otu

3. List the date and approximate location(s) of solicitation: -^rt> LU>iViou4-

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

"TED

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

^cfevStafe SoUcAjocpw Us^v^Kee^ ay^ 6o^^^ooygs

6. Has your organization ever been allowed to solicit funds in prior years in the City of Chicago? If so, when? (J^ - £Of>^ VgjUC, UU'C^ ^.cJ^ ^eQjf

5^ H31 .

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.

**HOLD HARMLESS AGREEMENT**

**2.**

The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.

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

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.)

Signature/^

Signature \_Title\_Date\_

Signature \_Title\_Date\_

Internal Revenue Service  
Department of the Treasury

RECEIV

District Director

o

10 MetroTech Center  
625 Fulton St.. Brooklyn, NY 11201

**\*M 2 8 1995**

LEGAL DEPARTM

JUL

Date

Salvation Army &

Person to Contact:

Patricia Holub

Contact Telephone Number:

(718) 488-2333

EIN: 13-5562351

Its Components 440 West Nyack Road West Nyack, NY 10994-1740

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Salvation Army & Its Components.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Name of Organization: Salvation Army & Its Components Date of

Exemption Letter: June 1933

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i) of the Internal Revenue Code.

Sincerely yours,

Patricia Holub Manager;Customer Service Unit

**RECEIVED**

METROPOLITAN DIVISION

PERMIT NO. 2011-09



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

**PERMIT NUMBER:** 2011-09

**GROUP NAME:** The Salvation Army

**ADDRESS:** 5040 N. Pulaski, Chicago, IL 60630

**TELEPHONE NUMBER:** 773-725-1100

**CONTACT PERSON:** David Magnuson

**DATE WRITTEN REQUEST WAS RECEIVED:** March 10, 2011

**SOLICITATION DATE:** November 18, 2011 through December 14, 2011

**CITY COUNCIL DATE:** April 13, 2011

**COMPLETION OF FILE DATE:**

**STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:**

**DATE PERMIT LETTER WAS SENT TO ORGANIZATION:** April 14, 2011

***VIOLATION (S)***

**COMMITTEE LETTER SENT:**

**COMPLY RECEIVED:**

**COMMENTS:**

APPLICATION FOR CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

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

1. Name of organization: The Salvation Army, Chicago, IL

Address:

Telephone Number: .

*Qyx3) isl'S-woq*

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

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

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

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

**U**

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

If so, when? April 13, 2011

7. Include the following with your application:

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

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

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

HOLD HARMLESS AGREEMENT

1. The undersigned officer on behalf of the subject organization agrees to

defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.

2. The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.

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

6^U

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.)

Signature

Signature\_Title\_Date

Signature\_Title\_Date

PERMIT NO. 2011-10

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

**PERMIT NUMBER:** 2011-10

**GROUP NA**BrightStar of Chicago

**ADDRESS:** 430 W.Erie, Suite 403, Chicago, IL 60654

**TELEPHONE NUMBER:** 312-382-8888

**CONTACT PERSON:** Cheri McEssy

**DATE WRITTEN REQUEST WAS RECEIVED:** February 22, 2011

**SOLICITATION DATE:** March 26, 2011

**CITY COUNCIL DATE:** April 13,2011

**COMPLETION OF FILE DATE:**

**STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:**

**DATE PERMIT LETTER WAS SENT TO ORGANIZATION:** April 14, 2011

**VIOLATION (S)**

**COMMITTEE LETTER SENT:**

**COMPLY RECEIVED:**

## COMMENTS:

1.

**Name of Organization: Address:**

**Telephone Number:**

CMC Ventures, LLC doing business as BrightStar of Chicago 430 W. Erie Street, Suite 403, Chicago, IL 60654  
312.382.8888

**Name of Organization: Address:**

**Telephone Number:**

Alzheimer's Association, Greater Illinois Chapter  
8430 W. Bryn Mawr Avenue, Suite 800, Chicago, IL 60631  
847.993.2413

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

CMC Ventures, LLC

Name: Cheri McEssy, President and Owner

Alzheimer's Association, Greater Illinois Chapter

Name: Douglas Adolph, Senior Manager of Special Events

Residence Address: 8430 W. Bryn Mawr Avenue, Suite 800, Chicago, IL 60631

Telephone: 847.779.6953

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

City wide on March 26, 2011

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

4-5 persons

**5. Explain the methods you organization will use the solicit funds**

We will ask for a donation to the Alzheimer's Association. We will provide donated coffee regardless of whether or not a donation is given.

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

Yes, CMC Ventures, LLC was granted a Tag Day permit on December 14, 2010, January 4, 2011, and January 16, 2011.

Yes, Alzheimer's Association, Greater Illinois Chapter solicits each spring for our Tag Days

**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**

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

Residence Address: 1301 W. Ohio Street, Chicago, IL 60642 Telephone: 312.203.6901

you, when?

**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.**

## Illinois Department of Revenue

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

March 21, 2008

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

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

ALZHEIMERS DISEASE & 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 Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9983-6394-05. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on November 1, 2011, 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) IL-492-3456 11-0000047

**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^MI^f^\_Title 5>C Hfr/W-f, Date \\) ] l«

SignatureV \_Tiflc\_

**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.

Date

PERMIT NO. 2011-1

## **CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT**

BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

NAME OF ORGANIZATION:

BrightStar of Chicago

ADDRESS OF ORGANIZATION:

430 W. Erie Suite 403 Chicago, IL 60654

DATE(S) OF SOLICITATION:

January 16,2011

PLACE(S) OF SOLICITATION: Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO

REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND

COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE ONLY FOR THE PERIOD SHOWN ON THIS PERMIT.

Edward M. Burke Chairman  
Committee on Finance  
PERMIT NO. 2010-47

## CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT

BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

NAME OF ORGANIZATION:

BrightStar of Chicago

ADDRESS OF ORGANIZATION:

430 W. Erie Suite 403 Chicago, IL 60654

DATE(S) OF SOLICITATION:

December 14, 2010 January 4, 2011

PLACE(S) OF SOLICITATION:

Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S. GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE FOR THE PERIOD SHOWN ON THIS PERMIT.

\_\_\_\_\_  
^ (LS ^ U

Edward M. Burke ^ / Chairman

Committee on Finance

PERMIT NO. 2011-11

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

PERMIT NUMBER: 2011-11

GROUP NAVeterans of Foreign Wars, Mont Clare-Leyden Post 1284 & Ladies Auxiliary

ADDRESS: 6940 W. Diversey, Chicago, IL 60707

TELEPHONE NUMBER: 773-385-8269

CONTACT PERSON: Commander Anthony Kosik

DATE WRITTEN REQUEST WAS RECEIVED: March 10, 2011

SOLICITATION DATE: May 26-28, 2011

**CITY COUNCIL DATE:** April 13, 2011  
**COMPLETION OF FILE DATE:**  
**STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:**  
**DATE PERMIT LETTER WAS SENT TO ORGANIZATION:** April 14, 2011

**VIOLATION (S)**  
**COMMITTEE LETTER SENT:**  
**COMPLY RECEIVED:**

**COMMENTS:**

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

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

1. Name of organization: Mont clare Leyden Post 12 84 & Ladies Auxiliary, V.

Address: 6940 W. Diversey Avenue Chicago, IL 60707-7125

Telephone Number: 773-385-8269

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

qorrunander Anthony Kosik, 6940 W. Diversey, Chgo, IL 773-385-8269  
Chairman; Sonny Bertolino, 694 0 W. Diversey Ave. Chgo, IL " Treas. Bill  
Covington, 6940 W. Diversey Ave. Chgo, IL " Ed Golembiewski, 6 940 W.  
Diversey, Chgo, IL 60707 Surgeon, Dr. Rich Ryba, 6940 W. Diversey,  
Chgo, IL "

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

Thursday, May 26, 2011 6am to 6PM , , , !

Friday, May 27, 2011 6am to 6PM Roosevelt Rd North to Howard Saturday

May 28, 2011 6am to 1PM } Lake Shore West to He.rle

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

Possibly 7 to 15 Post & Auxiliary Members

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

We will be standing on street corners with Poppy cans.

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

Yes., , May 27-29, 2010 see attached copy of Permit

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. N/A ( [ B. / A. copy of the tag, badge, emblem or other token (if any) which V 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.

Both Members and Auxiliary will wear their VFW Caps

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 3/11/11 Date VH/11

Date 3/11/11

HOLD HARMLESS AGREEMENT

**2.**

The undersigned officer on behalf of the subject organization agrees to defend, indemnify, save and hold harmless the City of Chicago for any loss, liability, damage or cost which the City may incur due to the presence of volunteers of the subject organization on City premises for the purpose of charitable solicitations.

The subject organization assumes full responsibility for risk of bodily injury, death or property damage due to the negligence of the subject organization or otherwise resulting from conduct or activity related to the participation in charitable solicitation on the public way.

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

Nont Clare Leyden Post 12 84 & Ladies Auxiliary Name of organization

Signature of organization officer

March 11, 2011

Date

Internal Revenue Service

District Director

Department of the Treasury

Person to Contact: S. O'Neal

VETERANS OF FOREIGN WARS I DEPARTMENT OF ILLINOIS | GROUP RETURN •

PO. BOX 4267 I SPRINGFIELD, ILLINOIS 62708-4267!

RE: GROUP EXEMPTION EIN: 37-6059313 !

Telephone Number: 312-886-6532

Refer Reply to: 98-0376

Date: June 5-, 1998

ceLptii

This letter is to verify exemption under IRC 501(c)(19)

Our records indicate that a (group ruling letter! was issued to Veterans of Foreign Wars Department of Illinois and its named subordinate organizations in May, 1964 under jsroup Ruling Number'1661.

Normally a parent organization that is covered by a group ruling will automatically add new or additional subordinate units to the group ruling. We suggest that you contact your parent organization for guidance in this matter. If you want a copy of the exemption letter, please contact your parent organization.

Sincerely yours,

Glenn E. Henderson District Director

DEPARTMENT OF ILLINOIS VETERANS OF

If you have any quest i oris? pi esse contact the person whose name -and telephone number are shown in the heading of this letter.

R. 3. Hint.rode, Jr." District Director

i.fvt i;<vr 943'00/Co';

O

APRON - Cotton/polyester. Gold with navy trim. One size fits most.  
7151-With pockets.....15.95

Si

To:JUM City, State

"NEW" BUDDY POPPY TABLE COVER - 6' or. 8" Table Drape 100% Polyester, digitally printed table drape. 3-sided, with 10" drop on back side. Machine washable, dry on low heat; flame retardant. Personalize with post information or other text. 3483-6' . \$160.00 3484 -8' . \$200.00

**V.F.W. BUDDY POPPY**

**Made By Disabled Veterans,**

ARM BAND - Worn by volunteers during distribution. 9707-(minimum of 100). . \$6.00

VESTS - Full color image on back with smaller image on front panel. For post social activities. Adult sizes: M, L, XL, \*2XL.

7109 -M-XL.....\$17.95

\*2XLeach.....\$19.95

VOLUNTEER BUTTON -

Worn by volunteers during distribution.

9705 - Carton of 25 . . . \$7.00

CAP - Made of paper and will fit  
most head sizes.

9704 - Carton of 10

(minimum order) . . . \$3.00

Carton of 25.....5.00

Carton of 50.....9.50

Carton of 100.

iorawrown annas

BUDDY POPPY AWARD PLAQUE - 8 x 10" Green and black marbled finish with red poppy on a very rich appearing brass plate. Walnut finished board. Please provide information for the designated 3 blocks as well as the text message in the center of the plaque. Engraving will appear in gold.

1520 . . . \$31.95 (Engraved items, \$.20 per character) Allow 3 weeks for delivery

BUDDY POPPY WALNUT PLAQUE -

Features a large engraving plate for personalized message. Plaque size 5 x 7". \*1521 . . . \$17.95

\*While quantities last (Engraved items, \$.20 per character) Allow 3 weeks for delivery

HOMER\* DEXTFCARM CW

BUDDY POPPY TOTE BAG

12" x 12" x 4" natural-color canvas'carryall is printed with the Buddy Poppy design. 1771. . . WAS-\$9.50 .....NOW- \$7.95

STER POSTER - Boost your distribution by ying these 7.5 x 8.5" posters in your Post Visitors and members will gladly donate. 712-50 (minimum) . . . \$13.00

IDENTIFICATION CARD -

Worn by volunteers during distribution.

**9708 - (minimum of 100). \$6.00**

POSTER - Can be used as window display or standing up on the table where poppies are being distributed. Measures 8 1/2x11".

9701 -Carton of 10

(minimum order). . . \$2.50

Carton of 25.....5.75

Carton of 50.....11.00

Carton of 100 .... 20.00

**BUDDY POPPY EASELS FOR POSTER -**

With adhesive back. (Not illustrated)

9702 -Carton of 10. . . . \$3.00

Carton of 25.....5.00

Carton of 50.....9.00

Carton of 100 . . . 17.00

JRcMrtl Poppj Smart

COIN CANISTER - Dimensions are 3" in diameter and 6" tall with a slot 3/8" wide. Reusable, removable plastic lid.

A9703 - Carton of 10

(minimum order). . \$11.00 B9703 - Carton of 25 . . .23.00



BUDDY POPPY AWARD -

Recognize your Buddy Poppy workers.

9715 - Outstanding Participation in program. 9714 - Participation in campaign. (Not Illus.;

9716 - Effective Use of Buddy Poppies.

(Not Illus.) 10 . . . \$9.50 25 . . . 21.00 50 . . . 37.50 100 . . . 69.00

**City of Chicago**

Committee on Finance City Hall • Room 302 • 60602 [www.committeefinance.org](http://www.committeefinance.org) <<http://www.committeefinance.org>>

Alderman Edward M. Burke Chairman

312-744-3380

Telephone

April 15, 2010

Cmdr. Anthony Kosik

Veterans of foreign Wars, Mont Clare-Leyden Post 1284 6940 W. Diversey Chicago, IL 60707

Dear Cmdr. Kosik:

The City of Chicago has granted your organization a "Tag Day" permit for charitable solicitation on the public way. Pursuant to Chapter 10-8-150 of the Municipal Code of the City of Chicago, each organization must file with the Committee on Finance, a statement of all receipts and disbursements made from such charitable solicitation. This report is to be sent to the Committee on Finance no later than sixty (60) days after your organization has solicited funds.

The Municipal Code provides for a fine up to \$500.00 per day for any organization which violates the Charitable Solicitation Ordinance.

Please include permit number 2010-13 on all correspondence directed to the Committee on Finance regarding your "Tag Day". Be certain to reference permit number 2010-13 on the statement of receipts and disbursements that your organization will file with the Committee.

Edward M. Burke Chairman Committee on Finance

EMB/cl

Enclosure

PERMIT NO. 2010-13

**CITY OF CHICAGO CHARITABLE SOLICITATION PERMIT**

BY THE AUTHORITY OF THE COMMITTEE ON FINANCE OF THE CITY COUNCIL OF THE CITY OF CHICAGO, THIS CHARITABLE SOLICITATION PERMIT IS HEREBY ISSUED TO THE ORGANIZATION DESIGNATED BELOW AND HEREBY AUTHORIZES THE ORGANIZATION TO SOLICIT FUNDS FOR CHARITABLE PURPOSES AT THE DESIGNATED LOCATIONS WITHIN THE CITY OF CHICAGO:

NAME OF ORGANIZATION: Veterans of Foreign Wars, Mont Clare-Leyden Post 1284

ADDRESS OF ORGANIZATION: 6940 W. Diversey

Chicago, IL 60707

DATE(S) OF SOLICITATION: May 27-29, 2010

PLACE(S) OF SOLICITATION: Citywide

THIS PERMIT IS ISSUED TO THE ABOVE ORGANIZATION AND IS SUBJECT TO REPRESENTATIONS MADE ON THE APPLICATION. THE PERMITTEE SHALL OBSERVE AND COMPLY WITH ALL LAWS, ORDINANCES, RULES, AND REGULATIONS OF THE U.S.

GOVERNMENT, STATE OF ILLINOIS, COUNTY OF COOK, AND CITY OF CHICAGO AND ALL AGENCIES THEREIN. THIS PERMIT SHALL BE EFFECTIVE (MLa FOR THE PERIOD SHOWN ON THIS PERMIT.

0-\\_

Edward M. Burke Chairman

Committee on Finance

PERMIT NO. 2011-12

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

PERMIT NUMBER: 2011-12

GROUP NAME: Blue Island Citizens for Persons with Developmental Disabilities

(d/b/a Blue Cap)

ADDRESS: 1962 Broadway, Blue Island, IL 60406

TELEPHONE NUMBER: 708-389-8137

CONTACT PERSON: A. Michael O'Connor

DATE WRITTEN REQUEST WAS RECEIVED: March 31, 2011

SOLICITATION DATE: September 30, 2011 through October

CITY COUNCIL DATE: April 13, 2011

COMPLETION OF FILE DATE:

STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIPTS

DATE PERMIT LETTER WAS SENT TO ORGANIZATION: April 14, 2011

**VIOLATION(S)**

COMMITTEE LETTER SENT:

COMPLY RECEIVED:

COMMENTS:

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

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

1. Name of organization: Blue Cap Foundation, Inc.

Address: 1962 Broadway, Blue Island, IL 60406 Telephone Number: 708-389-8137 Ex 304

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

A. Michael Connor

Treasurer, Blue Cap Foundation, Inc.

201 Whitefawn Trail, Downers Grove IL 60516

630-954-5572 Ex 225

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

September 30, 2011 and October 1, 2011 Locations attached

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

250

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

Handing out Lemonhead candy and Tag Day cards for donations of any size.

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

Yes, August 20, 21 2010

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.**

Blue Cap serves over 400 individuals with developmental disabilities from the City of Chicago and over 30 surrounding communities.

A

### **Chicago Locations**

**Rock Island RR- 103<sup>rd</sup> and Longwood\***

**Rock Island RR - 107<sup>th</sup> and Longwood\***

**Rock Island RR - III<sup>th</sup> and Longwood\***

**95<sup>th</sup> & Western - East/West/North/South**

**99<sup>th</sup> & Western - East/West/North/South**

**103<sup>rd</sup> & Western- East/West/North/South**

**III<sup>th</sup> & Western -East/West/North/South**

**III<sup>th</sup> & Kedzie - East/West/North/South**

**95<sup>th</sup> & Ashland -East/West/North/South**

**119<sup>th</sup> & 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**

### **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.

Blue Cap Foundation, Inc. Name of organization

Signature of organization officer

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.)**

Signature

**Title IrgAfo/tr pate**

**Signature\_**

**Title**

**Date**

**Signature\_**

**Title**

**Date**

**OFFICE OF THE ATTORNEY GENERAL**

March 8, 2011 STATE OF ILLINOIS

BLUE CAP FOUNDATION, INC.

1962 BROADWAY BLUE ISLAND, IL 60406

**RE: RE: Status of BLUE CAP FOUNDATION, INC. under the Illinois Charitable Laws CO# 01041974**

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 CO# 01041974. It is current in the filing of its financial reports, having filed its report for the period ended June 30, 2010. Please let us know if you require further information.

Sincerely,

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

**Lisa Madigan**

ATTORNEY GENERAL

' Department of the Treasury i Internal Revenue Service

P.O. Box 2508 Cincinnati OH 45201

In reply refer to: 0248459781 Mar. 10, 2009 LTR 4168C E0 36-2603932

000000 00 000

00026883 BODC: TE

BLUE ISLAND CITIZENS FOR PERSONS WITH DEVELOPMENTAL DISABILITIES 2155

BROADWAY ST BLUE ISLAND IL 60406-3050

14303

Employer Identification Number: 36-2603932

Person to Contact: MS. WINKLER

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(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iv).

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.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I

**PERMIT NO. 2011 - 13**

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

**PERMIT** I: 2011-13

**NUMBER**

**GROUP NAME:** Chicago and  
Greater  
Metropolitan  
Area Have-A-  
Heart Charities

**ADDRESS:** 16427 South Winchester, Markham, IL 60428

**TELEPHONE NUMBER:** 708  
-  
333  
-  
879  
6

**CONTACT PERSON:** Marcella  
Herndon

**DATE WRITTEN REQUEST WAS RECEIVED:** March 31, 2011

**SOLICITATION DATE:** Septem  
ber 8-  
10,  
2011

**CITY COUNCIL DATE:** April  
13, 201  
1

**COMPLETION OF FILE DATE:**

**STATEMENT OF RECEIPTS AND DISTRIBUTION RECEIVED:**

**DATE PERMIT LETTER WAS SENT TO ORGANIZATION:** April 14, 2011

**VIOLATION (S)**

**COMMITTEE LETTER SENT:**

**COMPLY RECEIVED:**

**COMMENTS:**

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

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

1. Name of organization: *Chicago and Greater Metropolitan Area Have-A-Heart Charities*

Address

Telephone Number: 3 3 3. s? n

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

T<re, "/< >>T/fy-a t- v a-V2.-tr /\*'v e w>>"

a<</ /w-tfe /crtTs, rl, 73 - \*f 4- £ \* \* t f\_K

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

UOIATiota, diry ujloe

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

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

SO UIC IT\* TIQIt «srFM STREET" {<J^VfHS uo 1 T H

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

7. Include the following with your application:

A. A copy of the registration statement filed with the Attorney General of the State of Illinois; or exemption issued by the Attorney General of the State of Illinois. S^^<J-c-^~Ji

B. A facsimile of the tag, badge, emblem or other token (if any) which will be distributed as part of the solicitation, or which will be used by your organization in its solicitation. i(^^ULo~<^~Ji\_

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

APPUC&TIONS MOST BE RECEIVED BY THE CXMOTTEE ON FINANCE NO LATER THAN 30 DAYS PRIOR TO THE COMMENCEMENT OF THE SOLICITATION.

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

Signature WXcxMjiMm-. fckh^Ueh^ Title pvixA^Jg^wfe I3ett&3

Signature

Title

Date

**HOLD HARMLESS AGREEMENT**

The undersigned ameer 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 tue 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

' N 2775-935-1

filing fee is sio General Not For Profit Corporation Act <sup>1</sup>

**IF LATE, ADD PENALTY OF \$3. ANNUAL REPORT**

(Form NFPCAF - Rev. 09/30/2009) \* \* THIS REPORT CAN BE FILED ON-LINE @ [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com) <<http://www.cyberdriveillinois.com>> WITH AN EXPEDITED FEE. \* \*

(USE BLACK INK)

**COPY**

06-19-01 COOK COUNTY

CHICAGO AND GREATER METROPOLITAN AREA HAVE A HEART CHARITIES % MARCELLA HERNDON  
J6427S WINCHESTER MARKHAM IL 60426

Item 1. Verify that the corporate name is correct :

Item 2. Verify that the name of the registered agent and the address of the registered office are correct. You cannot change the registered agent and/or registered office on the annual report form printed below. In order to change the registered agent and/or registered office, it will be necessary to file with the Secretary of State form NFP 105.10/105.20. Mail the NFP 105.10/105.20, Annual Report and \$5 filing fee TOGETHER in the SAME envelope. This form can be downloaded from our internet web site at [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com) <<http://www.cyberdriveillinois.com>>. Click on "Departments", then "Business Services" then "Publications and Forms".

Items 3(a), 3(b). Verify printed information is correct.

Item 4. Must set forth the names and addresses of all officers and directors of the corporation as of the date of signing  
ILLINOIS CORPORATIONS MUST HAVE AT LEAST THREE (3) DIRECTORS! If there are additional officers and/or more than three directors, you must attach a list to this report setting forth all other name(s), title(s) and address(es).

Please write the file number on all attachments.

^^^1^ ^ Pa9e\*. 002599

t> corporate name CHICAGO AND GREATER METROPOLITAN AREA HAVE A HEART CHARITIES

Secretary Name/Address

2f7-J^^Aft5Z-/\*V^ .vn»ItD^ CJ- ARJiwgTfiN HfIGHI% II.&OOOV

RleNumbe, , j,, ^ ^,

SajDateofIncJQual. 03\_01\_1944

SbJS^oHnc ILLINOIS

**Annual  
Report  
General Not  
For Profit  
Corporation  
Act**

Director Name/Address

Director Name/Address

5) Brief Description of the corporation's activities:

7) Principal Address of the Corporation (Street, City, State, Zip Code)

2) Registered Agent. -^--.. ^ y^ ^, ^ % MARC  
^RNDON,, } \ 06-19-01 164  
WtfSffiS^ER-v... 'A'^ MARK  
60426 COOK COUNTY

1 it O

Year of: 2011

6a) Is this Corporation a CONDOMINIUM ASSOCIATION? Q YES 13 NO

SbJ lsmisaarpxafiOTaCC^

CZI YES t3 NO

6c) Is thisConxraBon a HOMEOWNERS ASSOCIATION? Q YES ^2 NO

Under the penalty of perjury and as an authorized officer, I declare that this annual report, is, to the best of my knowledge and belief, true, correct and complete

nil m pursuant to the provisions of the General Not For Profit Corporation Act, has been examined  
Title | r Date

Item 5; Please complete this item.

Item 6. Please mark the appropriate box where indicated in response to the following questions:

(a) Is this corporation a CONDOMINIUM Association as established under the Condominium Property Act?

(b) Is this corporation a COOPERATIVE HOUSING CORPORATION defined in Section 216 of the Internal Revenue Code of 1954?

(c) Is this corporation a HOMEOWNER'S ASSOCIATION which administers a Common Interest Community as defined in Subsection (c) of Section 9-102 of the Code of Civil Procedure?

Item 7; Please complete this item.

**Item 8 THIS REPORT MUST BE SIGNED BY A DULY AUTHORIZED OFFICER OF THE CORPORATION!**

Please type or print the name and tide of the officer signing this report as well as the date of signing.