

REGISTRATION STATEMENT — CHARITABLE ORGANIZATION**GENERAL INSTRUCTION****PLEASE TYPE OR PRINT IN INK**

This registration statement is required by the Illinois Charitable Trust Act and "An Act to Regulate Solicitation and Collection of Funds for Charitable Purposes."

Please answer all items which are applicable to your organization. If you are unable to answer any question fully in the space provided, please attach a sheet containing the remainder of your answer. No further registration statement is required, provided that every registered organization shall notify the Attorney General within 10 days of any change in the information submitted herein. Two copies of this Registration Statement and attachments are to be filed with Neil F. Hartigan, Attorney General, State of Illinois, 500 South Second Street, Springfield, Illinois 62706.

1. This is a registration under: Illinois Charitable Trust Act ____; An Act to Regulate Solicitation and Collection of Funds for Charitable Purposes ____; Both Acts ☒
2. Name of Organization Center For AIDS Prevention
 Street and Number 4750 N. Broadway #201
 City, County and State Chicago, IL Zip Code 60640
 Federal Employer ID# 36-3516900
3. Type of legal entity (Corporation, Trust, Unincorporated Association or other) and date, method and place organization legally established Corporation
 If a foreign corporation, when was it authorized to do business in Illinois? ____
 If a corporation, Illinois Secretary of State's File No. 5469-124-6
 * A copy of the Articles of Incorporation or Certificate of Authority issued by the Secretary of State must be attached.
4. Name, address and telephone number of Illinois registered agent Monell Inc. 4750 N. Broadway #201 Chicago, IL 60640 561-0050
5. Addresses of all offices in the State of Illinois SAME AS ABOVE
4750 N. Broadway #201 Chicago, IL 60640
6. Date on which the annual accounting period of the organization ends. Month 12 Day 31
7. State the purposes of the organization and purposes for which contributions are to be used. (Be specific.)
TO BENEFIT RESEARCH + EDUCATION OF THE PREVENTION OF AIDS.
8. If the name under which the organization intends to solicit funds differs from the name listed in No. 2 provide name(s) under which contributions will be solicited, and the reason for the use of such other name(s). SAME
9. If organization has previously been registered with the Attorney General under either Act, give name under which registered (if different than that shown in No. 2), last registration number, and date registered. A-C
10. Has organization been registered with any other governmental authority to solicit contributions? Yes ____ No ✓ Name of authority and date of authorization. ____
 Is such registration current? Yes ____ No ____
11. Has the organization or any of its officers, directors or trustees ever been enjoined or prohibited by any court or other governmental agency from soliciting contributions, or is such action pending? Yes ____ No ✓ If answer is "Yes", attach explanation of circumstances.
12. Do you intend to use the services of a professional fund raiser as defined by "An Act to Regulate Solicitation and Collection of Funds for Charitable Purposes"? Yes ____ No ✓

13. If the answer to No. 12 is "Yes", answer a,b, and comply with c below.

- a. Name and address of professional fund raiser(s) _____
- b. Has the professional fund raiser registered and filed a bond with the Office of the Attorney General as required? Yes _____ No _____
- c. Attach copies of all contracts with professional fund raiser(s).

14. Have any of organization's officers, directors, executive personnel, or have any of the organization's employees who have access to funds, ever been charged with or convicted of a misdemeanor involving the misapplication or misuse of money of another, or any felony? Yes _____ No ☒
 If "Yes", give the following information: (IRS 1981 ch 23 sec. 5109)

NAME AND ADDRESS OF COURT	NATURE OF OFFENSE	DATE OF CONVICTION (Mo./Yr.)
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15. State the board, group or individual having final discretion as to the distribution and use of contributions received.

Michelle Wells

16. Will you use any of the following methods of solicitation? Unordered Merchandise _____ Distribution or Sale of Seals _____ Telephone Appeals _____ Coin Collection Containers ☒ Special Events ☒ Ad Books _____ Direct Mail ☒ Other _____ If other, attach an explanation.

17. List name, mailing address and title of the chief executive or staff officer of the organization.

Donald Neely 7011 S. Parker Pho 606-17

OR

4750 N. Broadway Pho 606-40

18. Attach a list of names, mailing addresses, and social security numbers of all officers and directors, or trustees of the organization.

19. Has the United States Internal Revenue Service determined that this organization is tax exempt? Yes _____ No ☒ pending

If "Yes", please attach a copy of the determination letter. Is application pending? Yes _____ No _____

* All organizations with tax exempt status or an application pending must attach a copy of Federal Form 1023 "Application for Recognition of Exemption".

20. Has organization's tax exempt status ever been questioned, audited, denied or cancelled at any time by any governmental agency? Yes _____ No ☒ If "Yes", give facts.

21. Organizations which have been in operation for over one (1) year must attach duplicate copies of a Federal form 990 or 990PF, or AG990 or AG990PF for the last annual accounting period, completed in detail. Organizations which have been in operation less than one (1) year must attach a completed Financial Information Form (CO-4), in duplicate. Please note charitable organization's are required to maintain accurate and detailed accounting records.

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

23. **EVERY REGISTERING ORGANIZATION MUST ATTACH THE FOLLOWING APPLICABLE DOCUMENTS:**

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

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

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

Inter Vivos Trust.....Instrument creating Trust

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

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

Signature Donald Neely Title Executive Director Date 8/14/87

Signature Michelle B. Wells Title President Date 8/14/87