1. Organization’s name: COLORADO ASIAN PACIFIC AMERICAN BAR FOUNDATION

2. Organization’s principal address and any other Colorado offices:
   - Street address: 
   - City: 
   - State:    Zip:    Country: United States
   - Mailing address (if different):
     - City: 
     - State:    Zip:    Country: 
   - Telephone number: 
   - Fax number: 
   - Email: 
   - Web site: 

3. Describe the organization’s exempt purpose:
   THE COLORADO ASIAN PACIFIC AMERICAN BAR FOUNDATION (FOUNDATION) IS ORGANIZED TO RECEIVE AND ADMINISTER FUNDS FOR EDUCATIONAL AND CHARITABLE PURPOSES INCLUDING BUT NOT LIMITED TO THE FOSTERING OF EDUCATIONAL OPPORTUNITIES FOR THE ADVANCEMENT AND WELFARE OF THE ASIAN PACIFIC AMERICAN COMMUNITIES IN COLORADO.

4. FEIN (Federal Employer Identification Number): 

5. Has the organization applied for or been granted IRS tax exempt status?: Yes
   - Date of determination letter, or of application if determination is pending: 03/15/2006
   - If tax exempt, IRS code: 501(C)(3)
   - Are contributions to the organization tax deductible?: Yes

6. List the NTEE code(s) that best describes your organization:
   COMMUNITY IMPROVEMENT, CAPACITY BUILDING
   EDUCATION
   PHILANTHROPY, VOLUNTARISM, & GRANTMAKING

7. Other names under which organization solicits: 

8. Custodian of organization’s financial records:
   - Name: 
   - Street Address: 
   - City: DENVER    State: CO    Zip: 80203    Country: United States
   - Phone Number: 

https://www.sos.state.co.us/ccsa/ViewReports.do?evEntityType=CO&celd=33759&evid=33759&evAccId=20083004608

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9. Names of officers, directors, trustees, and executive personnel of the charitable organization:

Name: [reddacted]
Title: [reddacted]
Street Address: [reddacted]
City: DENVER  State: CO  Zip: 80202  Country: United States
Phone Number: [reddacted]

Name: [reddacted]
Title: [reddacted]
Street Address: [reddacted]
City: DENVER  State: CO  Zip: 80203  Country: United States
Phone Number: [reddacted]

Name: [reddacted]
Title: [reddacted]
Phone Number: [reddacted]

Name: [reddacted]
Title: [reddacted]
Street Address: [reddacted]
City: DENVER  State: CO  Zip: 80202  Country: United States
Phone Number: [reddacted]

Name: [reddacted]
Title: [reddacted]
Street Address: [reddacted]
City: BOULDER  State: CO  Zip: 80302  Country: United States
Phone Number: [reddacted]

Name: [reddacted]
Title: [reddacted]
Street Address: [reddacted]
City: DENVER  State: CO  Zip: 80208  Country: United States
Phone Number: [reddacted]

10. Name of authorized officer who signed this registration statement:
Name: [reddacted]
Date: 05/13/2008