

**Diane Stine**

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**From:** Colorado Department of State [charitable@sos.state.co.us]  
**Sent:** Monday, July 10, 2006 12:36 PM  
**To:** Diane Stine  
**Subject:** Registration Approved (Charity). THE WORLD SWIM FOR MALARIA FOUNDATION

APPROVAL NOTIFICATION - INITIAL REGISTRATION (STANDARD)

The registration statement that you filed with the Colorado Secretary of State's office has been approved.

Your registration number is 20063005719. Based on the information you submitted, your registration is due to be renewed by 11-15-2006 which is the anniversary date of your registration. Please find attached a summary of your registration information, which has been generated to reflect the information you supplied online.

If you need to make any amendments to the information you filed with our office, you may do so by visiting the Charitable Solicitations section of the Colorado Secretary of State's web site at: [www.sos.state.co.us](http://www.sos.state.co.us).

If you have any questions regarding this or other Charitable Solicitations filings, please contact Chris Cash at: (303) 894-2200 ext. 6407, or by email at [charitable@sos.state.co.us](mailto:charitable@sos.state.co.us).

REGISTRATION STATEMENT  
FOR COLORADO CHARITABLE ORGANIZATIONS  
(Initial Registration)

1. Organization's name: THE WORLD SWIM FOR MALARIA FOUNDATION
2. Organization's principal address and all other Colorado addresses:  
Street address: 423 W. EIGHTH STREET, SUITE 400  
City: KANSAS CITY  
State: MO  
Zip: 64105  
Mailing address (if different): 423 W. EIGHTH STREET, SUITE 400  
City: KANSAS CITY  
State: MO  
Zip: 64105  
Telephone number: (816) 472-9000  
Fax: (816) 472-5000  
Email: [DSTINE@CCKC-LAW.COM](mailto:DSTINE@CCKC-LAW.COM)  
Web Site: [WWW.WORLDSWIMFORMALARIA.COM](http://WWW.WORLDSWIMFORMALARIA.COM)
3. Describe the organization's exempt purpose:  
THE PURPOSE FOR WHICH THE WORLD SWIM FOR MALARIA FOUNDATION WAS ESTABLISHED IS TO RECEIVE AND ADMINISTER FUNDS FOR THE CHARITABLE PURPOSE OF RELIEVING SUFFERING FROM MALARIA BY THE PROVISION OF FUNDS FOR THE PREVENTION AND/OR TREATMENT OF MALARIA AND THE ADVANCEMENT OF EDUCATION IN THE SUBJECTS OF (A) THE PROBLEMS AND SUFFERING CAUSED BY MALARIA AND (B) WHAT CAN BE DONE TO ALLEVIATE THEM.
4. FEIN(Federal Employer Identification Number): 20-3069841
5. Has the organization applied for or been granted IRS tax exempt status?: Yes  
Date of application or date of determination letter: 08/24/2005  
If granted, exempt under: 501(C)(3)  
Are contributions to the organization tax deductible?: Yes
6. List the NTEE code(s) that best describes your organization:  
DISEASES, DISORDERS, & MEDICAL DISCIPLINES  
HEALTH  
HUMAN SERVICES

7. Outside service provider helping your organization with state charity office filings:  
Name of law firm: DIANE STINE  
Name of contact person within firm: DIANE STINE  
Address: 423 W. EIGHTH STREET, SUITE 400  
City: KANSAS CITY  
State: MO  
Zip: 64105

8. All other names under which this organization intends to solicit: N/A

9. Name of the custodian of organization's financial records:

Name: MATHER, ROBERT KH  
Street address: 423 W. EIGHTH STREET, SUITE 400  
City: KANSAS CITY  
State: MO  
Zip: 64105  
Telephone number: 44-20-7371-8735/8744  
Email: RMATHER@BTINTERNET.COM

10. Names of officers, directors, trustees, and key employees of the charitable organization:

11. Name of Authorized Official who signed this Registration Statement:

Name: LAM, GREG B.

Date: 07/05/2006

ANNUAL FINANCIAL STATEMENT  
FOR COLORADO CHARITABLE ORGANIZATIONS  
(Initial Registration)

This financial report covers the fiscal year beginning 02/23/2005 and ending 06/30/2005.

Organization information

1. Organization's legal name: THE WORLD SWIM FOR MALARIA FOUNDATION

2. Federal Employer Identification Number(FEIN): 20-3069841

3. Organization's principal address:

Street address: 423 W. EIGHTH STREET, SUITE 400  
City: KANSAS CITY  
State: MO  
Zip: 64105  
Telephone number: (816) 472-9000  
Fax: (816) 472-5000  
Email: DSTINE@CCKC-LAW.COM  
Email: WWW.WORLDSWIMFORMALARIA.COM

Fiscal year ends: 06/30

If incorporated, date incorporated: 02/23/2005 State of incorporation: NY

If not incorporated:

Type of organization: null

Date established:

State established:

4. Has the organization applied for or been granted IRS tax exempt status?: Yes

If 'YES', date of application or date of determination letter: 08/24/2005

Tax exempt code: 501(C)(3)

Are contributions to the organization tax deductible: Yes

5. NTEE codes that describe your organization:  
DISEASES, DISORDERS, & MEDICAL DISCIPLINES  
HEALTH  
HUMAN SERVICES

Financial Summary as of most recent fiscal year end:

6. Revenue (Amounts Received During the Year):

|                                |   |        |
|--------------------------------|---|--------|
| Contributions                  | : | \$0.00 |
| Government Grants              | : | \$0.00 |
| Program Service Revenue        | : | \$0.00 |
| Investments                    | : | \$0.00 |
| Special Events and Activities: |   | \$0.00 |
| Sales                          | : | \$0.00 |
| Other                          | : | \$0.00 |
| Total Revenue:                 |   | \$0.00 |

7. Expenses (Amounts Paid Out During the Year):

|   |   |        |
|---|---|--------|
| Program Services (Line 13)                          | : | \$0.00 |
| Administration - Management and general (Line 14):  |   | \$0.00 |
| Fundraising (Line 15)                               | : | \$0.00 |
| Payments to affiliates (Line 16)                    | : | \$0.00 |
| Other Expenses                                      | : | \$0.00 |
| Total Expenses (sum of expense items listed above): |   | \$0.00 |

8. Summary of Balance Sheet as of Fiscal Year End:

|   |   |        |
|---|---|--------|
| Total Assets, End of Year                                     | : | \$0.00 |
| Total Liabilities, End of Year:                               |   | \$0.00 |
| Fund Balance, End of Year (Total Assets - Total Liabilities): |   | \$0.00 |

Professional Fundraisers:

9. Paid Solicitors and professional fundraisers

Other Information:

10. Fundraising Professionals:

Outside professional fundraiser fees: \$0.00

11. Is your organization related (other than by association with a statewide of nationwide organization) through membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?: No

If 'YES', the name of the organization: N/A

Is this an exempt organization?: No

12. Did your organization solicit any contributions deductible?: No

If 'YES', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? No

13. List the states with which you are registered to conduct solicitations or from which you have been granted an exemption:

United States

14. Name of Authorized Official who signed this Registration Statement:

Name: LAM, GREG B.

Date: 07/05/2006