

Unified Registration Statement (URS) for Charitable Organizations© (v. 3.01)

[X] Initial registration [] Renewal/Update

This URS covers the reporting year which ended (month/day/year) 12/31/2017

Filer EIN 81-5354028

State HI

State ID

1. Organization's legal name HAWAII LOA RIDGE PRESERVE

If changed since prior filings, previous name used

All other name(s) used

2. (A) Street address P.O. Box 22687

City Honolulu

County Oahu

State HI

Zip Code 96823

(B) Mailing address (if different)

City

County

State

Zip Code

3. Telephone number(s) (808)462-3628 Fax number(s)

E-mail hawaiiolaridges@gmail.com

Web site hawaiiolaridge.org

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (attach list).

5. Date incorporated 02/06/2017 State of incorporation HI

Fiscal year end: month/day 12/17

6. If not incorporated, type of organization, state, and date established

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes [] No [X]

B. Had its registration denied or revoked? Yes [] No [X]

C. Been the subject of a proceeding regarding any solicitation or registration? Yes [] No [X]

D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes [] No [X]

E. Applied for registration or exemption from registration (but not yet completed or obtained)? Yes [] No [X]

F. Registered with or obtained exemption from any state or agency? Yes [X] No []

G. Solicited funds in any state? Yes [X] No []

If "yes" to 7A, B, C, D, E, attach explanation.

If "yes" to 7F & G, attach list of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted. See Statement 1

8. Has the organization applied for or been granted IRS tax exempt status? Yes [X] No []

If yes, date of application OR date of determination letter 10/23/2017

If granted, exempt under 501(c) 3. Are contributions to the organization tax deductible? Yes [X] No []

9. Has tax exempt status ever been denied, revoked, or modified? Yes No

10. Indicate all methods of solicitations:

Mail Telephone Personal Contact Radio/TV Appeals
Special Events Newspaper/Magazine Ads Other(s) (specify) _____

11. List the NTEE code(s) that best describes your organization See Statement 2

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).
See Statement 3

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*). See Statement 4

14. (A) (1) Are any of the organization’s officers, directors, trustees or employees related by blood, marriage, or adoption to:
(i) any other officer, director, trustee or employee OR (ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes No

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes No
(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties). See Statement 5

(B) Have any of the organization’s officers, directors, or principal executives been convicted of a misdemeanor or felony? (*If yes, attach a complete explanation.*) Yes No

15. *Attach separate sheet listing names and addresses (street & P.O.) for all below:* See Statement 6

Individual(s) responsible for custody of funds.	Individual(s) responsible for distribution of funds.
Individual(s) responsible for fund raising.	Individual(s) responsible for custody of financial records.
Individual(s) authorized to sign checks.	Bank(s) in which registrant’s funds are deposited (<i>include account number and bank phone number</i>).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name _____
Address _____
City _____ State _____ Zip Code _____ Telephone _____
Method of accounting _____

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. *This is a state-specific item. See instructions.*

Name John Guagliardo
Address P.O. Box 22687
City Honolulu State HI Zip Code 96823 Telephone 808-462-3628

18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes No See Statement 7
- (B) Does the organization share revenue or governance with any other non-profit organization? Yes No
- (C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes No

(If “yes” to A, B or C, *attach an explanation* including name of person or organization, address, relationship to your organization, and type of organization.)

19. Does the organization use volunteers to solicit directly? Yes No
- Does the organization use professionals to solicit directly? Yes No

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a “professional fundraiser,” “paid solicitor,” “fund raising counsel,” or “commercial co-venturer”), *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

21. Amount paid to PFR/PS/FRC during previous year: \$ 0

22.(A) Total contributions: \$ 0

(B) Program service expenses: \$ 0

(C) Management & general expenses: \$ 0

(D) Fundraising expenses: \$ 0

(E) Total expenses: \$ 0

(F) Fundraising expenses as a percentage of funds raised: 0.00%

(G) Fundraising expenses plus management and general expenses as a percentage of funds raised: 0.00%

(H) Program services as a percentage of total expenses: 0.00%

Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.

Sworn to before me on (or signed on) _____, 20 ____

Notary public (if required)

John Guagliardo 2/28/2018
Name (printed) Date Signed

Name (printed) Date Signed

Name (signature)

Name (signature)

Executive Director
Title (printed)

Title (printed)

Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, make sure you have attached or included everything required by each state to the respective copy of the URS.

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

Explanations for Lines 7F - G

State: HI
Registered: True
Exempt: False
Registering Agency: Department of Commerce and Consumer Affairs
Date Registered: 02/14/2017
Registration Number(s): 275252 D2
Other Name(s):
Solicitation Started On: 02/06/2017
Method(s) of Solicitation: Personal Contact

NTEE Codes

NTEE Codes

Environmental quality, protection and beautification

Community improvement, capacity building

Purpose and Programs Explanation

Primary Exempt Purpose: Responsible Hawaiian land stewardship practices, to protect the natural, cultural, and scientific resources of Hawaii Loa Ridge and the 'Aina Haina community, through community-led management educational and conservation programs.

Program: Responsible Hawaiian land stewardship practices, to protect the natural, cultural, and scientific resources of Hawaii Loa Ridge and the 'Aina Haina community, through community-led management educational and conservation programs.

Officers, Directors, Trustees and Executive Staff

Name and Address	Mailing Address (If different)	Title	Phone
GUAGLIARDO, JOHN P.O. Box 22687 Honolulu, HI 96823		T/ED/D	808-462-3628
STEJSKAL, JASON P.O. Box 22688 Honolulu, HI 96823		S/D	347-709-3465
GUAGLIARDO, MARK P.O. Box 22689 Honolulu, HI 96823		D	808-747-9670
MILLER, RICHARD P.O. Box 22690 Honolulu, HI 96823		D	619-847-7873

Relationships

Name	Related To	Type	Relationship
John Guagliardo	Mark Guagliardo P.O. Box 22687 Honolulu, HI 96823	(14Ai) Other Officer, Director, Cousin Etc.	

Responsible Parties

Responsibility	Name, Title And Address	Mailing Address (if different)	All Other Details
Custody Of Funds	John Guagliardo Exectutive Director P.O. Box 22687 Honolulu, HI 96823		Phone: 808-462-3628, Ext Email Address: hawaiiolaridges@gmail.com WebSite: hawaiiolaridge.org
Custody Of Financial Records	John Guagliardo Exectutive Director P.O. Box 22687 Honolulu, HI 96823		Phone: 808-462-3628, Ext Email Address: hawaiiolaridges@gmail.com WebSite: hawaiiolaridge.org

Financial Support from Other Nonprofit Organizations

Organization Name:	World Library Foundation
Organization Type:	Non-profit Corporation
Address:	201 Ohua ave T1-3509 Honolulu, HI 96815
Telephone #:	808-292-2068
Relationship:	Shared officers and board members
Profit Or Nonprofit Organization:	NonProfit
