



STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
TAX & CHARITIES DIVISION
425 QUEEN STREET
HONOLULU, HAWAII 96813
808-586-1480

HAWAII - CHARITABLE ORGANIZATION REGISTRATION FORM

This Registration covers the reporting year which ended (month/day/year): 12/31/2021

Filer EIN: 88-1206099

1. Organization's legal name: Hawaii Emergency Radio Operators Inc

If changed since prior filings, previous name used: _____

All other name(s) used to solicit contributions: _____

2a. Organization's Street address: 98-1047 Oliwa Street

Organization's City, State and/or Country & Zip: Aiea, HI 96701

2b. Organization's Mailing address (if different): _____

Organization's City, State and/or Country & Zip: _____

3a. Organization's Telephone number(s): 808-800-4387

3b. Organization's E-mail Address: mail@HERO.radio

3c. Organization's Website: https://www.hero.radio/

4. Does this registration cover affiliates, chapters, branches, etc.? Yes No

If Yes, attach list of Names, addresses, telephone numbers of other affiliates/chapters/branches: _____

5. Date incorporated: 03/15/2022 State of incorporation: HI

Fiscal year end: month/day: 12/31

If not incorporated, please enter the type of organization and the state and date established:

6. 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

b. Had its registration denied or revoked? Yes No

c. Been the subject of a proceeding regarding any solicitation or registration? Yes No

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

If "yes" to 6 a, b, c, d attach explanation: _____

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7. Has the organization applied for or been granted IRS tax exempt status? Yes No

If Yes:

Date of application: _____ OR date of determination letter: 08/17/2022

If granted, exempt under 501(c): 3

If 501(c)(3), type of IRS Application (Form 1023 or Form 1023-EZ): Form 1023-EZ

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

9. Describe the purposes and programs of the organization and those for which funds are solicited:

See Statement 1

10. List the names and titles of officers, directors, trustees, and the principal salaried executives of organization
attach separate sheet See Statement 2

- 11a. 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

- 11b. 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 11a or 11b, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties). _____

12. Name, address and telephone number of person authorized to receive service of process (Registered Agent).

(Note: Line 12 is optional, but if you do not identify a registered agent, pursuant to section 467B-16, Hawaii Revised Statutes, the organization is considered to have irrevocably designated the Hawaii AG as its agent for service of process for actions and proceedings relating to chapter 467B)

Name: Robert C. Anderson, Ph.D.

Address: 98-1047 Oliwa St.

City, State & Zip: Aiea, HI 96701 Telephone: 808-800-4387

13. 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. _____

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

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- 15a. Total contributions: \$ 0
- 15b. Program service expenses: \$ 0
- 15c. Management & general expenses: \$ 0
- 15d. Fundraising expenses: \$ 0
- 15e. Total expenses: \$ 0
- 15f. Fundraising expenses as a percentage of funds raised: _____ %
- 15g. Fundraising expenses plus management and general expenses as a percentage of funds raised: _____ %
- 15h. Program services as a percentage of total expenses: _____ %

I hereby certify that this Hawaii registration is true and correct and that it is submitted to the State of Hawaii under penalties provided by section 710-1063, Hawaii Revised Statutes, for unsworn falsification.

Submitted By: Robert Anderson

Title: President

Date Signed: 8/28/2022

Attachments Description

Attached File Names

Primary Exempt Purpose and Programs Details

Primary Exempt Purpose: Training and equipping emergency radio communications operators to be prepared to provide communications in disaster and emergency response situations.

Program: FCC radio license classes and emergency communications training for the public to increase the number of qualified licensed radio operators available to respond in a disaster situation. Providing FCC license examinations for the general public

Program: Purchasing emergency communications radio equipment to be available in disaster response when traditional forms of communication are not working. To also purchase a repeater system for public access.

Officers, Directors, Trustees and Executive Staff

Name	Title
Robert C. Anderson, Ph.D.	President
Billie Guthrie	Vice President
Gustavo Morcate	Secretary