



**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): 12/31/2022

Filer EIN: 27-4118822

1. Organization's legal name: International Business Organization

If changed since prior filings, previous name used: _____

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

2a. Organization's Street address: 2404 MAILE WAY BUSAD B101

Organization's City, State and/or Country & Zip: Honolulu, HI 96822

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

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

3a. Organization's Telephone number(s): 808-398-4335

3b. Organization's E-mail Address: ibofinancing@gmail.com

3c. Organization's Website: https://www.ibouhm.com/

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: _____ State of incorporation: _____

Fiscal year end: month/day: 12/31

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

On 01/01/2010, Non profit organization established in HI.

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: _____

If granted, exempt under 501(c): _____

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

Address: _____

City, State & Zip: _____ Telephone: _____

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: Erick Huang

Title: Director of Fundraising

Date Signed: 2/24/2023

Attachments Description

Attached File Names

Primary Exempt Purpose and Programs Details

Primary Exempt Purpose: The purpose for which the contributions are used is for our professional development and networking events for members.
Program: Some examples of these are our professional interaction night (PIN) where professionals are invited to a dinner with our members to provide career advice in certain industries such as international business, real estate, and accounting.

Officers, Directors, Trustees and Executive Staff

Name	Title
Erick Huang	Director of Fundraising
Sydni Kim	President