



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

ANNUAL CHARITY TRANSMITTAL FORM

IRS Form 990-N filers and filers not required to file with the IRS

Period Covered: 1/1/2019 to 12/31/2019

Tax Year: 2019 EIN: 20-2590656

1. Organization Name: EXOPOLITICS INSTITUTE

2a. Organization's Address Line 1: PO Box 478

2b. Organization's Address Line 2: _____

2c. Organization's City, State and/or Country & Zip: Holualoa, HI, 96725

3. Organization's Phone Number: 808-965-6534

4. Organization's Email Address: drsalla@exopolitics.org

5. Has organization or any of its officers, directors, employees or fundraisers:

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 5 A or B or C or D, attach explanation: _____

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

If yes, attach explanation: _____

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

(Note: Line 7 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 Michael Salla

Address PO Box 478

City, State & Zip Holualoa, HI 96725 Telephone 808-443-8410

8. Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No

If yes, provide full written explanation and all relevant documents: _____

Total outstanding loan amount at end of year: \$ _____

ANNUAL CHARITY TRANSMITTAL FORM*IRS Form 990-N filers and filers not required to file with the IRS***Revenue**

10. Contributions, gifts, grants and similar amounts received	<u>\$2,072</u>
11. Program service revenue including government fees and contracts	<u>\$10,013</u>
12. Membership dues and assessments	<u>\$0</u>
13. Investment income	<u>\$0</u>
14a. Gross amount from sale of assets other than inventory	<u>\$0</u>
14b. Less: cost or other basis and sales expenses	<u>\$0</u>
14c. Gain or (loss) from sale of assets other than inventory	<u>\$0</u>
15. Gaming and fundraising events	
15a. Gross income from gaming	<u>\$0</u>
15b. Gross income from fundraising	<u>\$0</u>
(not including <u>\$0</u> of contributions reported on line 10)	
15c. Less: direct expenses from gaming and fundraising events	<u>\$0</u>
15d. Net income or (loss) from gaming and fundraising events	<u>\$0</u>
16a. Gross sales of inventory, less returns and allowances	<u>\$227</u>
16b. Less: cost of goods sold	<u>\$0</u>
16c. Gross profit or (loss) from sales of inventory	<u>\$227</u>
17. Other income	<u>\$2,451</u>
18. Total revenue	<u>\$14,763</u>

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Expenses

19. Grants and similar amounts paid	\$0
20. Benefits paid to or for members	\$0
21. Salaries, other compensation and employee benefits	\$0
22. Professional fees and other payments to independent contractors	\$13,620
23. Occupancy, rent, utilities and maintenance	\$0
24. Printing, publications, postage and shipping	\$255
25. Other expenses	\$0
26. Total expenses	\$13,875
27. Total Program service expenses (included in expenses for lines 19-25)	\$13,875

Net Assets

28. Excess or deficit for the year	\$888
29. Net assets or fund balances at beginning of year	\$7,197
30. Other changes in net assets or fund balances	(\$4,500)
31. Net assets or fund balances at end of year	\$3,585

Balance Sheet

32. Cash, savings and investments	\$1,348
33. Land and buildings	\$0
34. Other assets	\$2,237
35. Total assets	\$3,585
36. Total liabilities	\$0
37. Net assets or fund balances (Total assets - Total liabilities)	\$3,585

ANNUAL CHARITY TRANSMITTAL FORM*IRS Form 990-N filers and filers not required to file with the IRS***38. Salaries and Expense Allowance Statement****Five Highest Paid Employees**

<u>Name</u>	<u>Title</u>	<u>Average hours per week</u>	<u>Compensation (W-2)</u>	<u>Expense account and other allowances</u>
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Officers

<u>Name</u>	<u>Title</u>	<u>Average hours per week</u>	<u>Compensation (W-2)</u>	<u>Expense account and other allowances</u>
Michael Salla	President	5	\$0	\$0
Angelika Whitecliff	Secretary	0	\$0	\$0

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Submitted By : Michael Salla
Title : President
Date Signed : 8/7/2020

Attachments Description

Attached File Names