



**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: 1/1/2020 to 12/31/2020

Tax Year: 2020 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: 808-443-8410

4. Organization's Email Address: exopolitics@yahoo.com

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 \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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 . . . . .	\$0
11. Program service revenue including government fees and contracts . . . . .	\$14,327
12. Membership dues and assessments . . . . .	\$0
13. Investment income . . . . .	\$0
14a. Gross amount from sale of assets other than inventory . . . . .	\$0
14b. Less: cost or other basis and sales expenses . . . . .	\$0
14c. Gain or (loss) from sale of assets other than inventory . . . . .	\$0
15. Gaming and fundraising events	
15a. Gross income from gaming . . . . .	\$0
15b. Gross income from fundraising . . . . .	\$0
(not including \$0 of contributions reported on line 10)	
15c. Less: direct expenses from gaming and fundraising events . . . . .	\$0
15d. Net income or (loss) from gaming and fundraising events . . . . .	\$0
16a. Gross sales of inventory, less returns and allowances . . . . .	\$0
16b. Less: cost of goods sold . . . . .	\$0
16c. Gross profit or (loss) from sales of inventory . . . . .	\$0
17. Other income . . . . .	\$0
18. Total revenue . . . . .	\$14,327

**ANNUAL CHARITY TRANSMITTAL FORM***IRS Form 990-N filers and filers not required to file with the IRS***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 .....	\$13,434
23. Occupancy, rent, utilities and maintenance .....	\$88
24. Printing, publications, postage and shipping .....	\$0
25. Other expenses .....	\$0
<b>26. Total expenses</b> .....	<b>\$13,522</b>
<b>27. Total Program service expenses (included in expenses for lines 19-25)</b> .....	<b>\$13,552</b>

**Net Assets**

28. Excess or deficit for the year .....	\$805
29. Net assets or fund balances at beginning of year .....	\$3,585
30. Other changes in net assets or fund balances .....	(\$1,500)
31. Net assets or fund balances at end of year .....	\$2,890

**Balance Sheet**

32. Cash, savings and investments .....	\$987
33. Land and buildings .....	\$0
34. Other assets .....	\$1,903
35. Total assets .....	\$2,890
36. Total liabilities .....	\$0
<b>37. Net assets or fund balances (Total assets - Total liabilities)</b> .....	<b>\$2,890</b>

**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**

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

**Officers**

<b>Name</b>	<b>Title</b>	<b>Average hours per week</b>	<b>Compensation (W-2)</b>	<b>Expense account and other allowances</b>
Michael Salla	President	5	\$0	\$0
Angelika Whitecliff	Secretary	1	\$0	\$0

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Submitted By : Michael Salla  
Title : President  
Date Signed : 12/20/2021

**Attachments Description****Attached File Names**