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: 1/1/2022 to 12/31/2022

Tax Year: 2022 EIN: 20-2590656

1. Organization Name: EXOPOLITICS INSTITUTE

2a. Organization's Address Line 1: PO Box 2242

2b. Organization's Address Line 2:

2c. Organization's City, State and/or Country & Zip: Kealakekua, HI 96750

3. Organization's Phone Number: 808-443-8410

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 Jas Marlin

Address PO Box 2242

City, State & Zip Kealakekua, HI 96750 Telephone 808-895-4665

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: $

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Revenue

10. Contributions, gifts, grants and similar amounts received $2,615

11. Program service revenue including government fees and contracts $16,480

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 $19,095

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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	$20,220
23. Occupancy, rent, utilities and maintenance	$300
24. Printing, publications, postage and shipping	$500
25. Other expenses	$0
26. Total expenses	$21,020
27. Total Program service expenses (included in expenses for lines 19-25)	$21,020

Net Assets

28. Excess or deficit for the year	($1,925)
29. Net assets or fund balances at beginning of year	$12,997
30. Other changes in net assets or fund balances	($1,994)
31. Net assets or fund balances at end of year	$9,078

Balance Sheet

32. Cash, savings and investments	$9,078
33. Land and buildings	$0
34. Other assets	$0
35. Total assets	$9,078
36. Total liabilities	$0
37. Net assets or fund balances (Total assets - Total liabilities)	$9,078

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38. Salaries and Expense Allowance Statement

Five Highest Paid Employees

Name	Title	Average hours per week	Compensation (W-2)	Expense account and other allowances

Officers

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

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Submitted By : Michael Salla

Title : President

Date Signed : 4/28/2023

Attachments Description	Attached File Names
Agent Authorization Document	202590656a_503263_Attachment_AgentAuthorization_1.pdf