



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: 1/1/2023 to 12/31/2023

Tax Year: 2023 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: \$ _____

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	\$2,247
11. Program service revenue including government fees and contracts	\$19,830
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	\$22,077

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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	\$18,663
23. Occupancy, rent, utilities and maintenance	\$1,467
24. Printing, publications, postage and shipping	\$951
25. Other expenses	\$0
26. Total expenses	\$21,081
27. Total Program service expenses (included in expenses for lines 19-25)	\$21,081

Net Assets

28. Excess or deficit for the year	\$996
29. Net assets or fund balances at beginning of year	\$9,078
30. Other changes in net assets or fund balances	(\$2,000)
31. Net assets or fund balances at end of year	\$8,074

Balance Sheet

32. Cash, savings and investments	\$8,074
33. Land and buildings	\$0
34. Other assets	\$0
35. Total assets	\$8,074
36. Total liabilities	\$0
37. Net assets or fund balances (Total assets - Total liabilities)	\$8,074

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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>
Michael Salla	President	5	\$0	\$0
Angelika Whitecliff	Secretary	1	\$0	\$0

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	1	\$0	\$0

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Submitted By : Michael Salla
Title : President
Date Signed : 5/23/2024

Attachments Description

Attached File Names