



**STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
TAX DIVISION
425 QUEEN STREET
HONOLULU, HAWAII 96813
808-586-1470 FAX 808-586-1477**

ANNUAL CHARITY TRANSMITTAL FORM

IRS Form 990-N Filers and Filers Not Required To File With The IRS

Period Covered: 1/1/2012 to 12/31/2012

Tax Year: 2012

EIN: 20-2590656

Organization Name: EXOPOLITICS INSTITUTE

Address Line 1: PO Box 2013

Address Line 2: _____

City, State Zip: Kealahou, HI 96750

Email Address: drsalla@exopoliticsinstitute.org

Phone Number: 202-470-0140

Submitted By: Michael Salla

Title: President

ANNUAL CHARITY TRANSMITTAL FORM

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Expenses

10 Grants and similar amounts paid	\$0
11 Benefits paid to or for members	\$0
12 Salaries, other compensation, and employee benefits	\$0
13 Professional fees and other payments to independent contractors	\$4,728
14 Occupancy, rent, utilities, and maintenance	\$2,051
15 Printing, publications, postage, and shipping	\$737
16 Other expenses	\$3,597
17 Total expenses	\$11,113

Net Assets

18 Excess or deficit for the year	\$766
19 Net assets or fund balances at beginning of year	\$5,626
20 Other changes in net assets or fund balances	\$560
21 Net assets or fund balances at end of year	\$6,952

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23) 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>
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Michael Salla

President

5

\$0

\$0