



**STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
TAX & CHARITIES DIVISION
425 QUEEN STREET
HONOLULU, HAWAII 96813
808-586-1480 FAX 808-586-8116**

ANNUAL CHARITY TRANSMITTAL FORM

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

Period Covered: 1/1/2013 to 12/31/2013

Tax Year: 2013

EIN: 20-2590656

Organization Name: EXOPOLITICS INSTITUTE

Address Line 1: RR 2 Box 4876

Address Line 2: _____

City, State Zip: Pahoa, HI 96778

Email Address: drsalla@exopoliticsinstitute.org

Phone Number: 808-443-8410

Submitted By Michael Salla

Title: President

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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	\$4,448
14 Occupancy, rent, utilities, and maintenance	\$944
15 Printing, publications, postage, and shipping	\$644
16 Other expenses	\$1,559
17 Total expenses	\$7,595

Net Assets

18 Excess or deficit for the year	(\$530)
19 Net assets or fund balances at beginning of year	\$6,952
20 Other changes in net assets or fund balances	\$1,300
21 Net assets or fund balances at end of year	\$7,722

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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