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990

Form

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2009

Open to Public
Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization

WAI LAN YOGA TRUST

Doing Business As WAI LANA

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 6146

Room/suite

City or town, state or country, and ZIP + 4

MALIBU, CA 90264

F Name and address of principal officer: SUNIL KHEMANEY

SAME AS C ABOVE

D Employer identification number

99-6057064

E Telephone number

800-624-9163

G Gross receipts \$

7,636,669.

H(a) Is this a group return

for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.WAILANA.COM

K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other

L Year of formation: 1989

M State of legal domicile: HI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of employees (Part V, line 2a)	3
	6	Total number of volunteers (estimate if necessary)	90
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	352,888.
	9	Program service revenue (Part VIII, line 2g)	42,317.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<1,958,975.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	372,651.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	414,968.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	61,429.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	178,044.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	178,044.
	19	Revenue less expenses. Subtract line 18 from line 12	236,924.
	20	Total assets (Part X, line 16)	3,062,636.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	442,613.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,620,023.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

SUNIL KHEMANEY, TRUSTEE

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

R. M. S. CPA

Date

11/10/2010

Check if self-employed

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

BDO USA, LLP
7101 WISCONSIN AVE., SUITE 800
BETHESDA, MD 20814-4827

EIN

Phone no. (301) 654-4900

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

SCANNED DEC 22 2010

12 13

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
 THE ORGANIZATION'S MISSION IS TO EDUCATE AND TEACH THE GENERAL PUBLIC
 ABOUT THE PHILOSOPHY, MORAL STANDARDS AND PRACTICES OF YOGA FOR THE
 BENEFIT OF MANKIND THROUGH TV BROADCASTS, AUDIO AND VIDEO RECORDINGS,
 THE INTERNET, BOOKS AND COUNSELING. NET INCOME FROM DVDS, CDS, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 154,661. including grants of \$ 61,429.) (Revenue \$)
 - IT IS ESTIMATED THAT OVER ONE MILLION PEOPLE IN THE UNITED STATES
 VIEWED THE INSTRUCTIONAL YOGA PROGRAMS VIA TELEVISION BROADCASTS
 PRESENTED IN CONJUNCTION WITH PBS.

- IT IS ESTIMATED THAT OVER ONE MILLION PEOPLE IN OVERSEAS COUNTRIES,
 INCLUDING; ASIA, SOUTH AND CENTRAL AMERICA, EASTERN EUROPE AND THE
 MIDDLE EAST WATCHED TELEVISION BROADCASTS.

4b (Code) (Expenses \$ 10,970. including grants of \$) (Revenue \$)
 - OVER 21,000 PEOPLE PER MONTH VISITED THE WWW.WAILANA.COM WEBSITE

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 165,631.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	N/A	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	N/A	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders N/A		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SUNIL KHEMANEY, TRUSTEE - 800-624-9163**
45-558 C5 KAMEHAMEHA HIGHWAY, KANEHOE, HI 96744

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	352,888.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			352,888.			
Program Service Revenue	2 a VIDEO EDITING	Business Code	900099	12,788.	12,788.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			12,788.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2.			2.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			96,052.			96,052.
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			<1,958,977.>			<1,958,977.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory			95,149.	50,259.		44,890.	
Miscellaneous Revenue	Business Code						
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			<1,402,098.>	63,047.	0.	<1,818,033.>	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	61,429.	61,429.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal	30,655.		30,655.	
c Accounting	2,500.		2,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,673.	4,673.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology	10,970.	10,970.		
15 Royalties				
16 Occupancy	4,044.		4,044.	
17 Travel	2,759.		2,759.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,441.	44,325.	11,116.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TV SHOW DISTRIB. FEES	44,234.	44,234.		
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	216,705.	165,631.	51,074.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	187,383.	2	1,001,220.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	202,636.	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	770,708.	8	
	9 Prepaid expenses and deferred charges	126,991.	9	
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	1,729,718.	10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	45,200.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,062,636.	16	1,001,220.	
Liabilities	17 Accounts payable and accrued expenses	442,613.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	442,613.	26	0.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets			27	
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		0.	30	0.
31 Paid-in or capital surplus, or land, building, or equipment fund		0.	31	0.
32 Retained earnings, endowment, accumulated income, or other funds		2,620,023.	32	1,001,220.
33 Total net assets or fund balances		2,620,023.	33	1,001,220.
34 Total liabilities and net assets/fund balances		3,062,636.	34	1,001,220.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WAI LAN YOGA TRUST

Employer identification number

99-6057064

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Totals	0	0			0

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

WAI LAN YOGA TRUST

Employer identification number

99-6057064

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
NATURAL PRODUCT HOLDINGS,	WAI LAN BUTLER, TRUS	3,076,095.	THE TRUST S		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

2009

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

Name of the organization

WAI LAN YOGA TRUST

Employer identification number
99-6057064

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

[illegible]

2 Did or will any officer, director, trustee, or key employee of the organization.

a Become a director or trustee of a successor or transferee organization?

b. Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

	Yes	No
2a		
2b		
2c		
2d		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) 2009

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Did the organization request or receive a letter from the IRS that the organization's exempt status was terminated?

b If "Yes," provide the date of the letter. **▶** _____. Attach a copy of the letter and, if applicable, the organization's request for the letter

5a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

6 Did the organization discharge or pay all liabilities in accordance with state laws?

7a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

	Yes	No
3		
4a		
5a		
5b		
6		
7a		
7b		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	ALL TRADE NAMES, TRADEMARKS, COPYRIGHTS, FORMULAS, CUSTOMER LISTS, SUPPLIER LISTS, INVENTORY,	12/31/09	1,000,000.	INDEPENDENT VALUATION	01-0940123	NATURAL PRODUCT HOLDINGS, LLC P.O. BOX 1369 KAILUA, HI 96374	SINGLE MEMBER LLC

2 Did or will any officer, director, trustee, or key employee of the organization.

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a	x	
2b		x
2c	x	
2d		x

Schedule N (Form 990 or Form 990-EZ) 2009

Part III **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

PART II, LINE 2E: WAI LAN BUTLER

PART II, LINE 2E: TRUSTEE IS THE SOLE MEMBER OF NATURAL PRODUCT HOLDINGS,

LLC.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

WAI LAN YOGA TRUST

Employer identification number
99-6057064

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATING AND TEACHING THE GENERAL PUBLIC ABOUT THE PHILOSOPHY, MORAL
STANDARDS AND PRACTICES OF YOGA FOR THE WELFARE AND BENEFIT OF MANKIND
THROUGH TELEVISION BROADCASTS, VIDEO RECORDINGS, AUDIO RECORDINGS,
INTERNET WEBSITE, BOOKS, AND PERSONAL COUNSELING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSTRUCTIONAL LITERATURE IS THEREFORE DIRECTLY RELATED TO THE
ORGANIZATIONS EXEMPT PURPOSE AND REPORTED IN COLUMN B OF PART VIII ON
PG. 9.

ALSO, THE ORGANIZATION SELLS VARIOUS YOGA ACCESSORIES AND AIDS WHICH
CONTRIBUTE TO ITS EXEMPT PURPOSES. THIS INCOME IS REPORTED IN COLUMN D
OF PART VIII WITH AN EXCLUSION CODE OF 02 (VOLUNTEER EXCEPTION) AS MORE
THAN 85% OF THE HOURS EXPENDED IN CONDUCTING THIS ACTIVITY IS PERFORMED
BY VOLUNTEER LABOR. 92 VOLUNTEERS PROVIDED 101967 HOURS TO THE
ORGANIZATION. OF THESE, 59737 HOURS WERE EXPENDED IN THE ACTIVITY OF
SELLING YOGA AIDS AND ACCESSORIES, COMPENSATED HOURS FOR THIS ACTIVITY
TOTALLED 7497 HOURS - VOLUNTEER HOURS ARE THUS 88.87% OF TOTAL HOURS
EXPENDED ON THIS ACTIVITY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ALL NON CASH ASSETS WERE SOLD AT YEAR END. SEE SCHEDULE N.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION REVIEWS THE FORM

990 BY THE FOLLOWING PROCESS:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

WAI LAN YOGA TRUST

Employer identification number
99-6057064

A) DETAILED INTERNAL OF REVIEW BY THE ACCOUNTANT AND EXECUTIVE DIRECTOR

B) DETAILED INDEPENDENT REVIEW BY ATTORNEY

C) QUESTIONS AND CORRECTIONS SENT TO PAID PREPARER (BDO USA, LLP)

D) REVIEW OF REVISIONS BY ACCOUNTANT AND TRUSTEE PRIOR TO TRUSTEE SIGNING

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION IS MAKING ITS

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC

INSPECTION UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: NATURAL PRODUCT HOLDINGS, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WAI LAN BUTLER, TRUSTEE, IS THE SOLE MEMBER OF NATURAL PRODUCT HOLDINGS, LLC

(C) AMOUNT OF TRANSACTION \$ 3076095.

(D) DESCRIPTION OF TRANSACTION: THE TRUST SOLD ALL OF ITS ASSETS TO

NATURAL PRODUCT HOLDINGS, LLC FOR \$1,000,000 ON 12/31/2009. THE PURCHASER

ALSO ASSUMED ALL OF THE OUTSTANDING LIABILITIES OF THE TRUST. PRIOR TO

THE SALE, THE BUSINESS CONSULTING FIRM OF CANDON TODD & SEABOLT, LLC

PERFORMED AN INDEPENDENT-THIRD PARTY EVALUATION OF THE OPERATIONS AND

ASSETS HELD BY THE TRUST. THE VALUATION REPORT REACHES THE FOLLOWING

CONCLUSION: "AFTER CAREFUL ANALYSIS AND CONSIDERATION, WE ESTIMATE THAT

THE FAIR MARKET VALUE OF A 100% INTEREST IN THE OPERATIONS AND ASSETS

OWNED BY THE TRUST AS OF THE VALUATION DATE OF DECEMBER 15, 2009 IS:

\$1,000,000."

(E) SHARING OF ORGANIZATION REVENUES? = NO

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

Name of the organization

WAI LAN YOGA TRUST

Employer identification number
99-6057064

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WAI LANA PRODUCTIONS, LLC - 01-0671465 PO BOX 6146 MALIBU, CA 90264	PRODUCTION AND DISTRIBUTION OF YOGA VIDEOS AND ACCESSORIES	CALIFORNIA	0.	0. N/A	
SUNSET STUDIOS, LLC - 34-2050549 660 E. ASPEN ST. COTTONWOOD, AZ 86326	VIDEO EDITING	ARIZONA	<12,378.>	0. N/A	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(1)	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(2)			
(3)			
(4)			
(5)			
(6)			

FOOTNOTES

STATEMENT 1

ENDING INVENTORY:

ON THE COST OF GOODS SOLD STATEMENT, AN INVENTORY AMOUNT OF
OF \$2,409,848 WAS DISCLOSED. THIS IS THE AMOUNT OF ENDING
INVENTORY IMMEDIATELY PRIOR TO ASSET SALE ON DECEMBER 31.
ALL INVENTORY WAS SOLD AS PART OF THE ASSET SALE.

WAI LAN YOGA TRUST
FYE 12/31/09

EIN: 99-6057064

Attachment to Form 990
Page 9, Part VIII, Line 10c
Sales of Inventory

<u>DESCRIPTIONS</u>	<u>EXCLUSION</u> <u>CODE 02</u>	<u>EXEMPT FUNCTION</u> <u>INCOME</u>	<u>TOTAL</u>
GROSS RECEIPTS	\$ 3,535,372	\$ 563,472	\$ 4,098,844
LESS:			
COST OF GOODS SOLD	(2,331,902)	(208,485)	(2,540,386)
SUB-TOTAL	1,203,470	354,987	1,558,458
LESS: OTHER EXPENSES			
FREIGHT OUT	(64,090)	(10,160)	(74,250)
FULFILLMENT	(290,296)	(46,020)	(336,316)
CONSULTING FEES			-
SALARIES AND WAGES	(119,527)	(34,517)	(154,044)
OTHER PERSONNEL COSTS	(37,912)	(10,327)	(48,239)
PRODUCT DEVELOPMENT	(23,523)	(32,129)	(55,652)
COMMISSIONS	(30,052)	(4,764)	(34,816)
GENERAL SALES & MARKETIN	(67,251)	(4,631)	(71,881)
TRADE SHOWS	(127,573)	(20,224)	(147,797)
WEB SITE COSTS	(10,970)	(10,970)	(21,941)
FACILITY EXPENSES	(126,601)	(29,424)	(156,024)
GENERAL & ADMINISTRATIVE	(164,146)	(47,625)	(211,771)
FINANCE EXPENSES	(49,427)	(7,835)	(57,262)
AUTO & TRUCKS EXPENSES	(348)	(55)	(403)
TAXES	(973)	(154)	(1,127)
AMORTIZATION	(45,892)	(45,892)	(91,785)
TOTAL OTHER EXPENSES	(1,158,581)	(304,728)	(1,463,309)
GROSS PROFIT	\$ 44,890	\$ 50,259	\$ 95,148

Asset Acquisition Statement Under Section 1060

▶ Attach to your income tax return.

OMB No. 1545-1021

Attachment
Sequence No. **61**

Name as shown on return

Identifying number as shown on return

WAI LAN YOGA TRUST

99-6057064

Check the box that identifies you:

☐ Purchaser ☒ Seller

Part I General Information

1 Name of other party to the transaction

Other party's identifying number

NATURAL PRODUCT HOLDINGS, LLC

01-0940123

Address (number, street, and room or suite no.)

P.O. BOX 1369

City or town, state, and ZIP code

KAILUA, HI 96734

2 Date of sale

12/31/09

3 Total sales price (consideration)

3,076,095.

Part II Original Statement of Assets Transferred

4 Assets	Aggregate fair market value (actual amount for Class I)	Allocation of sales price
Class I	\$ 189,829.	\$
Class II	\$	\$
Class III	\$	\$
Class IV	\$ 2,346,531.	\$
Class V	\$ 539,735.	\$
Class VI and VII	\$	\$
Total	\$ 3,076,095.	\$

5 Did the purchaser and seller provide for an allocation of the sales price in the sales contract or in another written document signed by both parties?

☐ Yes ☒ No

If "Yes," are the aggregate fair market values (FMV) listed for each of asset Classes I, II, III, IV, V, VI, and VII the amounts agreed upon in your sales contract or in a separate written document?

☐ Yes ☐ No

6 In the purchase of the group of assets (or stock), did the purchaser also purchase a license or a covenant not to compete, or enter into a lease agreement, employment contract, management contract, or similar arrangement with the seller (or managers, directors, owners, or employees of the seller)?

☐ Yes ☒ No

If "Yes," attach a schedule that specifies (a) the type of agreement and (b) the maximum amount of consideration (not including interest) paid or to be paid under the agreement. See instructions.

Form 8594 (Rev. 2-2006)

Page **2****Part III Supplemental Statement** - Complete only if amending an original statement or previously filed supplemental statement because of an increase or decrease in consideration.

7 Tax year and tax return form number with which the original Form 8594 and any supplemental statements were filed.

8 Assets	Allocation of sales price as previously reported	Increase or (decrease)	Redetermined allocation of sales price
Class I	\$	\$	\$
Class II	\$	\$	\$
Class III	\$	\$	\$
Class IV	\$	\$	\$
Class V	\$	\$	\$
Class VI and VII	\$	\$	\$
Total	\$		\$

9 Reason(s) for increase or decrease. Attach additional sheets if more space is needed.

Form **8594** (Rev. 2-2006)