Department of the Treasury

Return of Organization Exempt From Income Tax Under section 50 1(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) To not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2017

Open to Public

			Go to www.irs.gov/Form990 for instructions and the latest information.			
M Ch			ndar year, or tax year beginning , 2017, and ending			, 20
		applicable				tification number
_	dress o	change		<u>-384</u>		
Na	me cha	inge		Telephor		
Init	tial retu	ırn		<u>08) :</u>	<u> 262-</u>	-9642
Fin	al retui	rn/	City or town, state or province, country, and ZIP or foreign postal code	Gross		
ter	mınate	ď	HALEIWA HI 96712	receipts :	\$	109,57
Am	ended	return	F Name and address of principal officer H(a) Is this a group	return fo	subord	linates? 🗌 Yes 🛚 N
Apr	plicatio	n pending_	H(b) Are all subordi	inates inc	uded?	∐ Yes ∐ N
ı Ta	x-exe	mpt status	X 501(c)(3)	ach a list (see inst	ructions)
J W	ebsite	e:► WWW	. HAWAIIYOGAINSTITUTE. COM (H(c) Group exempt	tion numb	er 🕨	
K For	rm of o	rganization	Corporation Trust Association Other ► NON PR L Year of formation 20	13 M	State	of legal domicile HI
Par	rt I	Sumn	ary \			
	1	Briefly des	cribe the organization's mission or most significant activities		-	
4	ТНЕ	E MISS	ION OF HAWAII YOGA INSTITUTE IS TO PROVIDE AG	CCRE	DITI	ED
Activities & Governance			ION FOR INDIVIDUALS TO BECOME TRAINDERS IN THE			
rna		_	AL AND PHYSICAL ASPECTS OF YOGA			
Š	2		s box If the organization discontinued its operations or disposed of more than 25% of	ıts net as	sets	
Ğ	3		f voting members of the governing body (Part VI, line 1a)	1	3	
త	1		f independent voting members of the governing body (Part VI, line 1b)	_	4	
ij	5		ber of individuals employed in calendar year 2017 (Part V, line 2a)	<u> </u>	5	
Ę	6		ber of volunteers (estimate if necessary)	⊢	5	
Activ	1 -		lated business revenue from Part VIII, column (C), line 12	-	a	
,	1		. , , , , ,	-		
	D	Net unreia	ted business taxable income from Form 990-T, line 34		b	Command Vacu
une		C4b4	Prior Y	1 ear 2,7	03	Current Year 2,67
ne	8		ons and grants (Part VIII, line 1h)		_	
Revenue	9	_		176,1	23	106,90
Be	10		t income (Part VIII, column (A), lines 3, 4, and 7d)			
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170 0	20	
	12			178,8		109,57
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)	38,7	35	38,34
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)			
S	15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			
Ç	b	Total fund	raising expenses (Part IX, column (D), line 25)			
Û	17	Other exp		158,2		99,03
	18	Total expe		196,9	37	137,37
	19	Revenue	ess expenses Subtract line 18 from line 12 RECEIVED	-18,1	09	-27,80
			Beginning of	Current Yo	ear	End of Year
£	مم اذ	Total asse	ts (Part X, line 16)	53,1	76	36,10
sets ind	20					
Assets Fund Jances	20	Total liabil	ties (Part X, line 26)	68,4	00	78,97
Net Assets or Fund Balances	20 21 22		mes (rar X, me 20)	68,4		
		Net assets	or fund balances. Subtract line 21 from line 20			
Par	t II	Net assets Signa	ture Block OGDEN, UT	68,4 -15,2	24	-42,86
Under	t penalti	Net assets Signa	or fund balances. Subtract line 21 from line 20	68,4 -15,2	24	-42,86
Par ^{Under}	t penalti	Net assets Signa	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the be	68,4 -15,2	24	-42,86
Par Under true, co	penaltrorrect,	Net assets Signa les of perjury and complete	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the be beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	68,4 -15,2	24	-42,86
Pair Under printer, co	t penaltr orrect,	Net assets Signa les of perjury and complet	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the be beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge that the beclaration of officer.	68,4 -15,2 est of my k	24	-42,86
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Par Inder rue, co	t penaltr orrect,	Net assets Signa les of perjury and complete A C Typ	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the be beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge that the property of officer RIA PICKETT PRESIDENT & Lile or print name and title	68,4 -15,2 est of my k	24 nowled	-42,86 Ige and belief, it is NOV, 15, 70(8) Attention
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Par Under Under Under Sign Here	penalti orrect,	Net assets Signa les of perjury and complet A L Typ Print PAU	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the be declared tion of preparer (other than officer) is based on all information of which preparer has any knowledge atture of officer RIA PICKETT PRESIDENT & Lile or print name and title Type preparer's name L BAKER PRESIDENT & C State of time to the beautiful	68, 4 -15, 2 est of my kings ge EAD Check leff-empl	if oyed I	-42,86 Ige and belief, it is NOV 15,70(8) ates FRUCT PTIN P00329726
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Par Under Sign Here Paid Prep Use	penaltiorrect,	Net assets Signa es of perjury and complets AC Typ Print PAU Firm LAW	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the be declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and preparer has any	68,4 -15,2 est of my bige EAD Check Lielf-emples EIN	if oyed 14318	-42,86 Ige and belief, it is NO. 15,768 AREA FRUCT PTIN P00329726 371840
Par Sign Here Paid Prep Jse	penaltiorrect,	Net assets Signa es of perjury and complets AC Typ Print PAU Firm LAW	ture Block I declare that I have examined this return, including accompanying schedules and statements, and to the be be Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge returned of officer RIA PICKETT e or print name and title Type preparer's name L BAKER s name HRB TAX GROUP INC s address 2540 IOWA ST STE J PRESIDENT & III Firm's	68,4 -15,2 est of my b ge EAD Check □ lelf-empl e no	if oyed 14318	-42,86 Ige and belief, it is NOV, 15, 70(8) RECT PTIN 200329726 371840

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Form	990 (2017) HAWAII YOGA INSTITUTE 46-3843458	Page 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	THE MISSION OF HAWAII YOGA INSTITUTE IS TO PROVIDE ACCREDITED	
	INSTRUCTION FOR INDIVIDUALS TO BECOME TRAINERS IN THE MEDITATION,	
	SPIRITUAL AND PHYSICAL ASPECTS OF YOGA	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? Yes	X 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?	X No
	If "Yes," describe these changes on Schedule O	—
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$)
4b	(Code) (Expenses \$) (Revenue \$))
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	

Form 990 (2017) HAWAII YOGA INSTITUTE 46-3843458

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)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_^_
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-	
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•		
•	assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III N/A	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	7		796 His
	VII, VIII, IX, or X as applicable	1	然為	漢書
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Χ
b	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? If "Yes," complete Schedule D, Part VII	11b		Χ
C	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	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? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.,
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401-		17
		12b	- 77	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	v
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	-	X
13	for any foreign organization? If 'Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-13		Λ.
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	"		- 23
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'''		- 11
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
	47 0000		000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С		240		
		24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization à party to a business transaction with one of the following parties (see Schedule L,		W.	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	A	1 7 4	150
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
359	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	 		<u> </u>
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		_v
	related organization? If "Yes," complete Schedule R, Part V, line 2	_36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		* 7	
	19? Note . All Form 990 filers are required to complete Schedule O	38	X	
FDA	17 9904 BWF 990 Form Software Copyright 1996 – 2018 HRB Tax Group, Inc	Form	990 (2017)

Statements Regarding Other IRS Filings and Tax Compliance Part V

sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities The Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A		Check if Schedule O contains a response or note to any line in this Part V	• •			
be The number of Forms W-20 included in line 1a Enter -0- if not applicable Did the organization comply with backey withholding fulse for reportable payments to vendors and reportable gaming (gambting) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmital of Wage and Tax Statements, filed or the calendar year unding with or within the year covered by this return by I at least one is reported on line 2a, did the organization like all required forefeld employment tax returns? N/A Note. If the sum of lines 1s and 2a is greater than 250, you may be required to 6-file (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? N/A A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of organization have an interest in, or a signature or other authority over, a financial account of organization have an interest in, or a signature or other authority over, a financial account of organization have an interest in, or a signature or other authority over, a financial account of organization have an interest in, or a signature or other authority over, a financial account of organization from the ability of the organization have an interest in, or a signature or other authority over, a financial account of organization for organization have an interest in, or a signature or other authority over, a financial account of organization have an interest in, or a signature or other authority over, a financial account of organization for organization have an interest in organization and organization for organization have an interest in organization and organization have an interest in organization and organization have an interest in organization and organization have an interest in organization organization have an interest in organization and organization shall be organization and expect of the organization organization shall be organization and org					Yes	No
c Det the organization comply with backup withfolding rules for reportable payments to vendors and reportable gaming (gambhing) 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 the return b If at least one is reported on line 2, and the organization file all required federal employment tax returns? N/A Note. If the sum of lines ta and 2 as greater than 250, you may be required to 6-file (see instructions) Did the organization have interest the part of 1 for the sum of lines ta and 2 as greater than 250, you may be required to 6-file (see instructions) M/Yes, that it filed a form 900-T for the year? If 'No' to line 3b, provide an explanation in Schedule O N/A 3b If 'Yes, 'their the name of the foregring country (such as a bank account, securities account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, securities account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, securities account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, securities account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, securities account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, securities account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, securities account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, securities account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, or other financial account)? If 'Yes, 'their the name of the foregring country (such as a bank account, or other shall country (such as a bank accountr	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0	1		8
ceptrable gamming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form Wh-3. Transmittal of Wage and Tax Statements, lifed for the catendar year ending with or within the year covered by this return b I at least one is reported on line 2a, did the organization like all required federal employment tax returns? N/A Note. If the sum of lines is and 2a is greater than 260, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b I If "Yes," has a filed a Form 950-T for the year I" him?" to line 8b, your work as napharisation in Schedule O N/A 4a Al any time during the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in 8 refreger country (such as a bank account, securities account, or other financial account). 5a Was the organization apply to a prohibeted tax sheller transaction? 5b Was the organization of a price organization that was or is a party to a prohibeted tax sheller transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have organization that was or is a party to a prohibeted tax sheller transaction? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shell were transaction at any time during the tax year? 6c Was the organization necewes a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7c Was did the organization necewes a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8d Was the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8d Was the organization in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	220	選	
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Form 990 (2017)

response to line Ba, 8b, or 10b below. describe the circumstances, processes, or changes in Schedule O. See instructions. Check il Schedule O. Contains a response or note to any line in the Part VI 14 Einer the number of voling members of the governing body at the end of the tax year If there are material differences in voling piths among members of the governing body, or If there are material differences in voling piths among members of the governing body or If the governing body dislegated broad authority to an executive committee or similar If there are material differences in voling piths among members of the governing body, or If there are material differences in voling piths among members of the governing body or If the governing body dislegated broad authority to an executive committee or similar If there are material differences in voling piths among members of the governing body, or If the governing body dislegated broad authority to an executive committee or similar If there are material differences on voling piths among members reliable in the governing body or under the direct any other difficulties, directors, or thustees or key employees to a management company or other person? 2 Did the organization material any significant changes to its governing documents and the prior Form 990 was filed? 4 Did the organization make any significant changes to its governing documents and the prior Form 990 was filed? 5 Did the organization have marthers, suckholders, or other persons who had the power to elect or appoint one or more members of suckholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to for authority to act on behalf of the governing body? 5 Did the organization have marthers, suckholders, or other persons who had the power to elect or appoint one or more members and processes of the prior persons who had the power to elect or appoint one or more members and processes or persons of the difference or persons or persons to elect or a	Part:	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, ar	ıd for a	ı "No"	
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b Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶			45-	, , l	
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with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	40-				
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	168		40-		
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	_		108		
organization's exempt status with respect to such arrangements? N/A 16b 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►	D				ĺ
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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶			40.	İ	-
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Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records	10		niy)		
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 					
financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records	10		0.5.51		
20 State the name, address, and telephone number of the person who possesses the organization's books and records	13		anu		
·	20	- ,			
		·			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(B) (C) Position						(D)	(E)	(F)		
Name and Title	Average hours per week		(do not box, un officer:	POS check less pe and a di	ition more th rson is rector/	an one both an trustee)		Reportable compensation from	Reportable compensation	Estimated amount of		
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
ADRIA PICKETT	40.00	X		×				18,900	0	(
EXECUTIVE DIRECTOR SHARON BURCH VOLUNTEER	10.00	x		×				0	0	C		
COURTNEY WEXLER INSTRUCTOR	15.00	X						6,205	0	C		
KELLY INAFUKU INSTRUCTOR	8.00	•						3,550	0			

Form **990** (2017)

Part	VII Section A. Officer	, Director	s, Trust	ees, K	ey En	ploye	es, and	High	est Compensated E	mployees (continue	ed)
				•	(C	;)					(F)
	(A)	(B)				more ti	nan one		(D)	(E)	Estimated
	Name and title	Average hours per	ļ				both an /trustee) T	ı —	Reportable	Reportable	amount of
		week (list	Indiv	Insti	Officer	Key	e m H	Former	compensation	compensation from related	other compensation
		for related	Individual trustee or director	tutio	сег	Key employee	hest	ner	the	organizations	from the
		organiza- tions	9 1	nalt		loye	e com		organization	(W-2/1099-MISC)	organization
		below dotted	stee	institutional trustee		"	pens		(W-2/1099-MISC)		and related
		line)	1	%			Highest compensated employee		1		organizations
1b c	Sub-total Total from continuation sl Total (add lines 1b and 1c		 art VII, S	Section	n A			>	28,655 28,655		
2	Total number of individuals	(including l	but not l	mited	to tho:	se liste	d above) who	received more than	\$100,000 of	
	reportable compensation from	m the orga	anization	•							I. I.
3	Did the organization list any employee on line 1a? If "Ye For any individual listed on	s," complet line 1a, is tl	e Sched ne sụm d	lule J f of repo	or suc rtable	h indi comp	/idual ensation	and o	other compensation f	rom the	Yes No
5	organization and related org Did any person listed on line										4 X
J	for services rendered to the								-		5 X
Section	n B. Independent Contracto										
1	Complete this table for your	five highes	st compe	ensate	d inde	pende	nt contra	ctors	that received more th	nan \$100,000 of	
	compensation from the orga	inization R	eport co	mpen	sation	for the	calend	ar yea	r ending with or withi	n the organization's	tax year
	Name an	(A) d business	address	i					(B) Description of se	ervices	(C) Compensation
	· · · ·										
						-					
2	Total number of independer							e liste	d above) who	range pangan	

Part	VIII	_		r note to any line in th	ue Dart VIII			
		Check if Schedule O cor	itanis a response of	Thore to any line in the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns	to the puttons of the	2,671			,	, , , , , , , , , , , , , , , , , , ,
_ <u>2 £</u>	h	Total. Add lines 1a-1f		. •	2,671			
Program Service Revenue	2a b c d			Business Code	106,900	106,900		
	е							
.	f g	All other program service re Total. Add lines 2a-2f.		<u> </u>	106,900			
	3 4 5	Investment income (including other similar amounts) Income from investment of Royalties		•				
	b	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)				·	d or designed so its	
		Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	С	Less cost or other basis and sales expenses Gain or (loss)					المحمد المستحدد لمستحدد لمستحد المستحد المستحدد المستحدد المستحد المستحدد المستحدد المستحدد المستحدد ا	The state of the s
Other Revenue		Net gain or (loss) Gross income from fundrais (not including \$ of contributions reported of See Part IV, line 18						
ther R		Less direct expenses . Net income or (loss) from fi	b					,
0		Gross income from gaming See Part IV, line 19	а				,	1
	С	Less direct expenses . Net income or (loss) from g Gross sales of inventory, le returns and allowances		•			and the same of th	and have an army of
		Less cost of goods sold Net income or (loss) from s Miscellaneous Rev	b ales of inventory	Business Code				
	11a b c				Text American Committee Committee	a de administra como como		John South Springer in the
	d	All other revenue .	• • •					

109,571

106,900

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other org	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to	any line in this Part			
	ot include amounts reported on lines 6b, b, 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 domestic organizations			. 4 .	7 7 7
	and domestic governments. See Part IV, line 21				The State of the S
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22 · · · ·	38,340	38,340		
3	Grants and other assistance to foreign organizations,			,	77. 6 77.
	foreign governments, and foreign individuals				
	See Part IV, lines 15 and 16			1,.	
4	Benefits paid to or for members			₹.	17 7 14 4
5	Compensation of current officers, directors,				
•	trustees, and key employees	•			
6	Compensation not included above, to disqualified				
٠	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 accruals and contributions (include				
ð	section 401(k) and 403(b) employer contributions)		l		
9	Other employee benefits				
_	Payroll taxes				
10	•				
11	Fees for services (non-employees)	30,626		30,626	
a	Management	260		260	
b	Legal				
C	Accounting				
d	Lobbying		1,	, , ,	
e	Professional fundraising services See Part IV, line 17			, , , , , , , , , , , ,	
T	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	26,360	26,360		
	(A) amount, list line 11g expenses on Schedule O.)	7,573			
12	Advertising and promotion	9,867		9,867	
13	Office expenses	9,007		9,007	
14	Information technology				
15	Royalties	22 270	22 270		
16	Occupancy .	22,270	L		
17	Travel .	186		186	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			1 202	
20	Interest	1,783		1,783	
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance	113	113		
24	Other expenses. Itemize expenses not covered		35.4 14		
	above (List miscellaneous expenses in line 24e If	, , ,	,	A	· · · · · · · · · · · · · · · · · · ·
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		1	- ,	· · · · · · · · · · · · · · · · · · ·
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	137,378	94,656	42,722	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here ▶ if following SOP 98-2 (ASC 958-720)				
FDA	17 99010 BWF 990 Form Software Copyright 1996 - 20	119 HDD Tay Group, Inc.	·	<u> </u>	Form 990 (2017)

Form 990 (2017) HAWAII YOGA INSTITUTE
Part X Balance Sheet

	_	Check if Schedule O contains a response or note	to any line in this Part X						
,				(A) Beginning of year		(B) End of year			
	1	Cash non-interest-bearing		18,136	1	6,474			
	2	Savings and temporary cash investments		2					
	3	Pledges and grants receivable, net		3					
	4	Accounts receivable, net	. 12,000	4	5,560				
	5	Loans and other receivables from current and former	er officers, directors,	by the state of th		STATE OF STATE OF			
		trustees, key employees, and highest compensated	100	Del.					
		Complete Part II of Schedule L	1	5					
	6	Loans and other receivables from other disqualified persons	(as defined under section	C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.0	14.00 May 1.00 Park			
		4958 (f)(1)), persons described in section 4958(c)(3)(B), and co	ntributing employers and		£				
		sponsoring organizations of section 501(c)(9) voluntary emplo	yees' beneficiary	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	The state of the s			
ets		organizations (see instructions) Complete Part II of Schedule	:L		6				
Assets	7	Notes and loans receivable, net			7				
•	8	Inventories for sale or use			8				
	9	Prepaid expenses and deferred charges			9				
	10 a	Land, buildings, and equipment cost or		· 一种特殊人。大学教	Arms.	THE COLUMN			
		other basis Complete Part VI of Schedule D .	10a 29,99		200				
	b	Less accumulated depreciation	10b 6,56	50	10c	23,436			
	11	Investments publicly traded securities			11				
	12	Investments other securities See Part IV, line 11		12					
	13	Investments program-related See Part IV, line 1		13	•				
	14	Intangible assets .	23,040		636				
	15	Other assets See Part IV, line 11			15				
	16	Total assets. Add lines 1 through 15 (must equal li	ne 34)	53,176	1	36,106			
	17	Accounts payable and accrued expenses		14,156		13,269			
	18	Grants payable			18 19				
	19		Deferred revenue						
	20	Tax-exempt bond liabilities	N/ of Cabadala D		20				
10	21	Escrow or custodial account liability Complete Part		and the ways the Sec	21	PERMITA OF DESCRIPTIONS			
Liabilities	22	Loans and other payables to current and former off trustees, key employees, highest compensated emp							
ig		disqualified persons Complete Part II of Schedule	•	27,980	22	44,498			
ڐ	23	Secured mortgages and notes payable to unrelated		17,791	23	13,444			
	24	Unsecured notes and loans payable to unrelated th	·	8,473		7,762			
	25	Other liabilities (including federal income tax, payab	•	,	<u> </u>	,			
		parties, and other liabilities not included on lines 17							
		of Schedule D			25				
	26	Total liabilities. Add lines 17 through 25		. 68,400	26	78,973			
		Organizations that follow SFAS 117 (ASC 958), o	heck here ▶ 🏻 and	TANK THE TOTAL OF	ない。	ALL CONTAIN			
es		complete lines 27 through 29, and lines 33 and 3			2000				
anc	27	Unrestricted net assets		-23,029	27	-50,836			
Bal	28	Temporarily restricted net assets			28				
P	29	Permanently restricted net assets		7,805	29	7,805			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC	958), check here ▶ 🔲 an	d 化光型系统系统	200	MAN THE TANK			
õ		complete lines 30 through 34.		A. C.	34				
set	30	Capital stock or trust principal, or current funds .			30				
As	31	Paid-in or capital surplus, or land, building, or equi			31				
Net	32	Retained earnings, endowment, accumulated incon	ne, or other funds		32	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
-	33	Total net assets or fund balances		-15,224	1	-43,031			
	34	Total liabilities and net assets/fund balances	·	53,176	34	35,942			

_					
Par	t XI Reconciliation of Net Assets		,		
	Check if Schedule O contains a response or note to any line in this Part XI		• • •		Ц.
1	Total revenue (must equal Part VIII, column (A), line 12)	1		109,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		137,	
3	Revenue less expenses Subtract line 2 from line 1	3		-27,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-15,	224
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		-43,	031
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		•		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	20
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		100	133	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		13.20	W. C.	333
	reviewed on a separate basis, consolidated basis, or both		阿斯		
	Separate basis Consolidated basis Both consolidated and separate basis			5.7	<i>*</i>
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		236		the Land
	separate basis, consolidated basis, or both	•	20		
	Separate basis Consolidated basis Both consolidated and separate basis				
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?		2c	$\mid x \mid$	
	If the organization changed either its oversight process or selection process during the tax year, explain in		3.237	52.34	1330
	Schedule O				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		كتنات	,#F-3-44	MINING
Ja	the Single Audit Act and OMB Circular A-133?		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		"	-	- 11
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	N/A	3ь		
FDA	17 99012 BWF 990 Form Software Copyright 1996 - 2018 HRB Tax Group, Inc	IN / FY	Form	gan /	2017\
	I JOUIL DITE SOUT FORM SURVINGE CONTRIBUTE 1990 - 2010 FIRED TAX CHOOP, INC.		1 01111	JUL 1/	40 I / I

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

HAWAII YOGA INSTITUTE 46-3843458 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than $33\frac{1}{3}\%$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than $33\frac{1}{3}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) g (IV) Is the organization (V) Amount of monetary (vi) Amount of other (ii) EIN (iii) Type of organization (i) Name of supported listed in your governing document? (described on lines 1-10 support (see instructions) organization support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

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_			YES	NO
	pes the organization have a racially nondiscriminatory policy toward students by statement in its charter, viaws, other governing instrument, or in a resolution of its governing body?	1	X	
	pes the organization include a statement of its racially nondiscriminatory policy toward students in all its	137	5	178
	ochures, catalogues, and other written communications with the public dealing with students and arms since its	33.54	74	3
	ograms, and scholarships?	2	X	-
•		2,464	Crs	(* <u>0.00</u>
	as the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media Iring the period of solicitation for students, or during the registration period if it has no solicitation program,	1	~ 5	\\ <u>;</u>
	a way that makes the policy known to all parts of the general community it serves? If "Yes," please	9 50	17.00	-
	escribe If "No," please explain If you need more space, use Part II	3	X	-
	HE INSTITUTE'S NONDISCRIMINATION POLICY IS PUBLICIZED ON	13 74.7	1198	1Ex
_	HE ORGANIZATION'S WEBSITE AND IS IN ALL THE ORGANIZATION'S	4		1
_	UBLICATIONS	2.0		3
<u> </u>	ODDICATIONO		4	3
_		1	緩	34
	pes the organization maintain the following?	3.75	水	1
	ecords indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	***
	ecords documenting that scholarships and other financial assistance are awarded on a racially	"	- 1	t
	andiscriminatory basis?	4b	Χ.	
	opies of all catalogues, brochures, announcements, and other written communications to the public dealing	100	Λ	\vdash
	th student admissions, programs, and scholarships?	4c	Х	
	opies of all material used by the organization or on its behalf to solicit contributions?	4d	X	t
	you answered "No" to any of the above, please explain. If you need more space, use Part II.	12.27	tary to	72
"	you answered tho to any of the above, please explain. If you need more space, use Factor.	7	345	8
_				
_		4		够
<u></u>	pes the organization discriminate by race in any way with respect to	1969		14
	udents' rights or privileges?	5a	BC-18-4	\ \frac{\lambda}{2}
J	ducinis rights of privileges.	Ja		
Ad	dmissions policies?	5b		X
Er	nployment of faculty or administrative staff?	5c		X
0.	shalasahara arathar faransal arastaran	F.4		Ι,
50	cholarships or other financial assistance?	5d	-	<u> ></u>
F	ducational policies?	5e)
_				-
U	se of facilities?	5f)
At	hletic programs?	5g		}
O	ther extracurricular activities?	5h) >
lf '	you answered "Yes" to any of the above, please explain. If you need more space, use Part II	* 4	7762	4
		7,2	1.3	20
			1	③
				1
		137.5	4	秋
Do	pes the organization receive any financial aid or assistance from a governmental agency?	6a	EN 4402)
- `	as the organization's right to such aid ever been revoked or suspended?	6b		\- <u>{</u>
H		,	T .	1_4
		3234	271101	117
lf ·	you answered "Yes" on either line 6a or line 6b, explain on Part II bes the organization certify that it has complied with the applicable requirements of sections 4 01 through	がない		

SCHEDULE I (Form 990)		Governments, and Individuals in the United States	er Assistance I Individuals	in the United	uons, I States		2017
(200	ŏ	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	answered "Yes" on	Form 990, Part IV,	line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go to www.irs.g	Go to www.irs.gov/Form990 for the latest information.	latest information.			Inspection
Name of the organization						Employer ider	Employer identification number
HAWAII YOGA INSTITUTE	NSTITUTE					46-3843458	58
Part I General I	General Information on Grants and Assistar	Assistance					
1 Does the organizatio	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the amount of the grants or a	assistance, the grante	es' eligibility for the	grants or assistance, an	Į.	
the selection criteria	the selection criteria used to award the grants or assistance?	ince?	٠			:	X Yes No
2 Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	unitoring the use of grant fun-	ids in the United State	Se			I
Part II Grants ar	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	mestic Organizations	s and Domestic	Governments.	Complete if the organiz	ation answered "Yes"	on Form
990, Part IV,	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ved more than \$5,000 Part II	can be duplicated if	additional space is	needed.		
1 (a) Name and address of organization or government	of organization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				assistance	other)		
ŀ	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	t organizations listed in the lir	ne 1 table .				
3 Enter total number o	Enter total number of other organizations listed in the line 1 table	ne 1 table		•			
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedu	Schedule I (Form 990) (2017)

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FDA

Schedule I (Form 990) (2017) Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(a) Typ	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION REDUCTION	EDUCTION	5 8		38, 340		
Part IV	Supplemental Informati	ion. Provide the inf	formation required in Pa	irt I, line 2, Part III, columr	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ation

Schedule I (Form 990) (2017)

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FDA

SCHEDULE L

(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship t	etween	disqualif	ied	(c) Description	of tran	- acactics		(d)	(d) Corrected				
'	(a) Name of disqualified	person	person and	d organiz	ation		(C) Description	1 01 ti ai	isaciioi	1	Ye	es	No			
2	under section 4958 Enter the amount of ta	x, if any, on line	2, above, reimbu	 irsed by	the orga	inization .			. >	-						
	Loans to a Complete if the reported an ar	e organization a mount on Form	Interested P nswered "Yes" or 190, Part X, line 5	n Form 9 5, 6, or 2	9. 190-EZ, 1 2	Part V, line 38a	a or Form 990, Pa	art IV, li	ne 26,	or if the	organı	zation				
((a) Name of interested person	(b) Relationship with organization	(c) Purpose	(d) Loa from		(e) Original principal amount	(f) Balance due		default?	(h) Ap	proved pard or nittee?	(i) W				
				То	From			Yes	No	Yes	No	Yes	No			
AD.		EXECTIVE DIRECTOR	BACK WAG	x			44,498		x	x			x			
Tot	al					▶ \$	44,498	T.	., .,	Mr. M.		137	.به ۲۰۰			

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 of assistance	(d) Type of assistance	(e) Purpose of assistance
	, ,			

Part IV	Business	Transactions	Involving	Interested	Per

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
				i	
				l	<u> </u>

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

FDA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

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HAWAII YOGA INSTITUTE

PART VI: SECTION A: LINE 2 ONE DIRECTOR IS MOTHER OF THE PRESIDENT

PART VI: SECTION B: LINE 12A - CONFLICT OF INTEREST POLICY IS OUT IN ORG BY-LAWS - BY LAWS

PART X11: LINE 2: - FINANCIAL STATEMENTS WERE COMPILED BY RAYNA BURKHART -

PART X11: LINE 2C - RAYNA BURKHART, ADRIA PICKETT AND SHARON BURCH ARE THE REVIEW COMMITTEE -

PART VI: LINE 15A AND 15B - THE COMPENSATION DETERMINATIONS ARE DISCUSSED IN THE BY-LAWS -

PART VI LINE 15 - AVAILABLE ON REQUEST -

PART 1X LINE 11G - CONTRACTED FACULTY FOR MISSION RELATED PROGRAMS -

PART IV LINE 22 - SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO HAVE A DESIRE TO TEACH YOGA AND ARE IN NEED OF FINANCIAL AID -

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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PART IX LINE 11G - CHARGES AND FEES 1,501

PART IX LINE 11G - CURRICULUM DEVELOPMENT 2,500

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PART IX LINE 11G - FINANCIAL 3.066

PART IX LINE 11G - YOGA FACULTY 19,293

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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PART X LINE 15 - OTHER CURRENT ASSETS 636

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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ADRIA PICKETT EXECUTIVE DIRECTOR 40 HRS WK 19K PART VII SECTION A YR

PART VII SECTION A - SHARON BURCH VOLUNTER 10 HR WK \$0YR

PART VII SECTION A - COURTNEY WEXLER INSTRUCTOR 15 HRS WK 6,205

PART VII SECTION A - KELLY INAFUKU INSTRUCTOR 9 WK 3,550

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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PART VI LINE 11 - TAX RETURN HAS BEEN REVIEWED BY RELEVANT INDIVIDUALS

PART VI LINE 11 - THOSE REVIEWING DOCUMENTS WERE RAYNA BURKHART AND

PART VI LINE 11 - ADRIA PICKETT. THESE INDIVIDUALS ARE RESPSONSIBLE FOR

PART VI LINE 11 - TAX PREP AND ACCURACY

PART VI LINE 19 - ORG POLICIES GOVERNING DOCS ARE AVAILABLE UPON REQUEST