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)

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

Open to Public Inspection

OMB No. 1545-0047

~	FOR III	2011 Calendar year, or tax year beginning and the	enumy	_	
В	Check if applicab	C Name of organization		D Employer identi	fication number
	Addre				
F	Name chang	Doing Business As		94-1	3079524
┌	Initlal return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	
. =	Temul		L10		1) 482-3355
F	ated Amen return			G Gross receipts \$	3,247,479.
┢	— return	ARLINGTON, VA 22209-2799		H(a) is this a group	
	tion pendi	F Name and address of principal officer: BRANDON HARTSELL		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
_			or 527	4 ' '	
Ļ	rax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) of the: ► WWW.YOGAALLIANCE.ORG	1 327	┥	a list. (see instructions)
			I. v	H(c) Group exempti	
		or generation and a second sec	L Year	or formation; 1907	M State of legal domicile; WA
7.0	1	Summary	7 TO TO T	TT TTNTD 1	
ጸ	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f I}$	PART I	TT, LINE T	•
Activities & Governance					
era	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net a	
Š	3			<u>3</u>	8
<u>ن</u> مح	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	
Ξ	6	Total number of volunteers (estimate if necessary)		6	
턍	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
4	b	Net unrelated business taxable income from Form 990-T, line 34		7t	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)	.,	0	·
Ž	9	Program service revenue (Part VIII, line 2g)		2,368,653	3,240,493.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,400	6,986.
Œ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,372,053	3,247,479.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
		Benefits paid to or for members (Part IX, column (A), line 4)		0	
Ø	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		889,801	1,482,678.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
ĕ	.ca	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	SKA-	1,118,064	1,542,707.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,007,865	3,025,385.
		Revenue less expenses. Subtract line 18 from line 12		364,188	
<u> </u>	15	nevenue less expenses, Subtract line 10 from line 12	Re	ginning of Current Year	
Net Assets or Fund Ralances	200	Tatal accests (Plant V. line 16)	<u> -</u>	1,806,171	
SS	20	Total assets (Part X, line 16)		278,221	
iet C	21	Total liabilities (Part X, line 26)	├─	1,527,950	
] <u>22</u> ort III	Net assets or fund balances. Subtract line 21 from line 20		1,321,330	1,750,044.
41.4.		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ante and to the heet of r	ny knowledge and belief it is
	•	t, and complete. Declaration of gregarer (other than o <u>fficer) is based on all information of</u> whi			ily kilowicuge aliu belici, it is
true	, correc	t, and complete. Declaration of preparer (other than officer his based on an information of will	icii preparei	nas any knowledge.	,,
		Signature of officer		Date	416
Sig				Duta	1 . –
He	re	BRANDON HARTSELL, CHAIR PERSON Type or print name and title			
			777	Date Check	I II PTIN
		Print/Type preparer's name Preparer's signature		Date Check if	
Pai				self-emplo	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N			/ 0 0 4 \ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		BETHESDA, MD 20814-2930		Phone no.	<u>(301) 951-9090</u>
Ma	u tha II	RS discuse this return with the preparer shown above? (see instructions)			X Yes No

***	**		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	NO
•	If "Yes," complete Schedule A	1	х	
2	ls the organization required to complete Schedule B, Schedule of Contributors?	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	х	
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	5	N/	A
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		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? 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		_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? If "Yes," complete Schedule D, Part IV	9		X
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	-000 obets	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		3 7	
4.	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		X
_	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		
С	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		х
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	1.16		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	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, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		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? If "Yes," complete Schedule F, Parts II and IV	15		_ <u>X</u> _
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? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ایرا		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		v
20~	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{x}{x}$
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-21
<u>n</u>	11 100 to mio 200, and the organization attach a copy of the addition matricial statements to this folding	EUD)		

Form **990** (2011)

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		Т —		1
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
	United States 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 and other assistance to individuals in the United States 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			- 41
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	x	
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	- 41
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ç		24c		
ų	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
zoa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h		Zoa		Α.
b				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05%		Х
00	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b	·	
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	00		Х
07		26		
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	07		X
00		27	····,::-·	<u></u>
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):			in a Light
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	000		X
a	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	000		Х
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		00		Х
24	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		X
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		00		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	ا مم ا		X
04		33_		
34	Was the organization related to any tax-exempt or taxable entity?		х	
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	OF:	v	
200	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00	v	
97	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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			v
00	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		<u>X</u>
38			х	
	Note, All Form 990 filers are required to complete Schedule O	38	Λ	

Form **990** (2011)

Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
		*********	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9		
b	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	<u>0</u>		K
· с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ichi		1176
	(gambling) winnings to prize winners?	10	Х	
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 2a 2	7	1811	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			16:525
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	İ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for 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?	- 5а		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	gover si		P 1281.0
а	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	? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Ŀ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	3.44		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	$If the \ organization \ received \ a \ contribution \ of \ qualified \ intellectual \ property, \ did \ the \ organization \ file \ Form \ 8899 \ as \ required? \dots$	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			ja dele
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		· · · · · · · · · · · · · · · · · · ·
9	Sponsoring organizations maintaining donor advised funds.	2504		da de 19
	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?N/A	9b		en de en
10	Section 501(c)(7) organizations. Enter:		1137	
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_	y Pireil	14 % 1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1 + 121	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	. ar - 1. sr.)		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	107,500	
	Note. See the instructions for additional information the organization must report on Schedule O.	L To lig	4.8	7.
b			12	
	organization is licensed to issue qualified health plans	-	i.i.	` `
	Enter the amount of reserves on hand			. 3.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	:	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<i>i</i>	

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94-3079524 YOGA ALLIANCE 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 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 Х 15a X Other officers or key employees of the organization 15b 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? 16a Х 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 List the states with which a copy of this Form 990 is required to be filed NONE 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 18 for public inspection. Indicate how you made these available. Check all that apply. ___ Own website ___ Another's website X Upon request

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.

1701 CLARENDON BOULEVARD, SUITE 110, ARLINGTON,

22209-2799

01-23-12

Form **990** (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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.

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition) than	one	Reportable	Reportable	Estimated
	hours per	kođ	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
·	week	\vdash	fficer and a dir			T	(ee)	from	from related	other
	(describe hours for	irect				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	2008	ggg			sater		(W·2/1099·MISC)	(88-271099-181130)	organization
	organizations	truste	al fru:		yee	mpe		(** 27 1000 7 11100)		and related
	in Schedule	Individual trustee or director	institutional trustee	늉	Key employee	est co	ja ja			organizations
	O)	ngi	Insti	Officer	Key	Highest compensated employee	Former			
(1) LYNN BUSHNELL										
CHAIR PERSON	15.00	X	<u> </u>	X	ļ	ļ		0.	0.	. 0
(2) GYANDEV MCCORD			l	İ						
VICE CHAIR	2.00	X	<u> </u>	X	<u> </u>			0.	0.	0
(3) BRANDON HARTSELL		i							_	_
SECRETARY/TREASURER (NOV DEC.)	2.00	X	ļ	X	ļ	<u> </u>	<u></u>	0.	0.	0
(4) VIRGINIA COWEN	1		ĺ							_
SECRETARY/TREASURER (JAN AUG.)	2.00	X		X		<u> </u>		0.	0.	0
(5) ARUN TILAK									_	
SECRETARY/TREASURER (AUG NOV.)	2.00	Х		X	ļ			0.	0.	0
(6) MARGIE DEUTSCH LASH										_
CHAIR OF GOVERNANCE COMMIT	2.00	X						0.	0.	0
(7) LINDA ROWE										
DIRECTOR	2,00	X			<u> </u>			0.	0.	0
(8) ANNIE MAHON			İ							
DIRECTOR	2.00	X	_		_			0.	0.	0
(9) JOHN MATTHEWS	40.00	Ì		3.5				014 007		20 000
PRESIDENT (JAN NOV.)	40.00			Х		ļ		214,027.	0.	30,009
	1.									
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	+		_	_	-					· · · · · · · · · · · · · · · · · · ·
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	 	\vdash				·				

Form **990** (2011)

39848

Pai	1 VII Section A. Officers, Directors, Tr	ustees, K	ey Er	nplo	оуеє	es, a	nd l	High	est	Compensated Employ	rees (continued)				
	(A)	(B)					C)			(D)	(E)		ŀ	(F)	
	Name and title	Avera	ge	,			itior			Reportable	Reportable	3	E	stimat	ted
		hours	per	box	, unte	ss pe	erson	than is bot	h an	1	compensation	on	a	mount	t. of
		weel	k .	offi	cer ar	nd a c	firecto	or/trus	tee)	from	from related	d		other	٢
	•	(descri		ctor						the	organization	ıs	con	npens	ation
		hours		rdir				귤		organization	(W-2/1099-MI	SC)	f	rom th	าย
		relate		trustee or director	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)			org	ganiza	tion
		organiza		al tru:	를		Key employee	E =					an	id rela	ted
		in Sched		Individual	藚	Officer	emp	ig ag	Former				org	anizat	ions
		O)-		ш	SE.	E	ķ	_문 등	臣						
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								İ							
		l		·	l	L	l	Ļ		214 027			-		
1b	Sub-total									214,027.	·	<u>0.</u>	3	0,0	
·c	Total from continuation sheets to Part V	II, Sectior	nΑ	· · • ·	,					0.		0.	<u> </u>		0.
<u>d</u>	Total (add lines 1b and 1c)									214,027.		0.	3	0,0	<u>09.</u>
2	Total number of individuals (including but r	ot limited	to th	ose	liste	d al	oove	e) wh	o r	eceived more than \$100	,000 of reportab	le			
	compensation from the organization														<u>, 1</u>
		•								*				Yes	No
3	Did the organization list any former officer,	director,	or tru	stee	e, ke	y en	nplo	yee,	or	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch indivi	idual							·			3		X
4	For any individual listed on line 1a, is the su	ım of repo	ortabl												
	and related organizations greater than \$15												4	х	
5	Did any person listed on line 1a receive or														
J	rendered to the organization? If "Yes," com						_			-			-		v
	tion B. Independent Contractors	ipiete Scri	eaule	<i>J I</i> 1	OF SE	ICH	pers	OH .					5		X
					_		<u>-</u> -								
1	Complete this table for your five highest co											pens	ation 1	irom	
	the organization. Report compensation for	the calend	dar ye	ear e	endii	ng w	vith (or wi	ithir	n the organization's tax y	/ear.				
	(A)									(B)	· .	_		C)	
	Name and business	address							_	Description of s	ervices		ompe	nsatio	n.
PI	LLSBURY WINTHROP SHAW I	\mathbf{MTTI}	AN	LI	P				i						
230	00 N STREET N.W., WASH	INGTO:	N,	DO	2	200	35	7	þ	LEGAL SERVIC	ES		14	8,3	83.
											·				
														•	
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									\dashv						
	•								۱						
								·	\dashv	 		-	,		
,															
					10	• •						,			
2	Total number of independent contractors (i	·=		ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨					- 1	l.							

132008 01-23-12

Form **990** (2011)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
29	1 2	Federated campaigns	1a					
in a		Membership dues						
요팀		Fundraising events						
₽¥		m		*.				
뜨		Government grants (contribut		· · · · · · · · · · · · · · · · · · ·				
Siz	4	All other contributions, gifts, gran	, L					
돌힐	'	similar amounts not included abo	· I I					
불리		Noncash contributions included in lines			ST MARTIN S COUNTY 12 TO 11 AT 12 TO	hallanasko i areksa, arekitat (da)		
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f						
"		TOTAL Add lines to 1	••••••••	Business Code				
a l	2 a	REGISTRY REVENU	TE.	900099	3075878.	3075878.	Skill the transfer was the	Parameter (Carameter)
ξ	z u b	20111101101		900099	143,160.	143,160.		
Ser	c	ODDOTATOM DEMINA	IIIE	900099	21,455.	21,455.		
Program Service Revenue	q	VI I VIII I I I I I I I I I I I I I I I						
ğœ	о е		· · · · · · · · · · · · · · · · · · ·					
¥	f	All other program service reve	enue					
	a	Total. Add lines 2a-2f			3240493.			
	3	Investment income (including						
		other similar amounts)			6,986.			6,986.
	4	Income from investment of ta						-
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						tari en tra
	b	Less: rental expenses						east de la company de la company de la company de la company de la company de la company de la company de la c Para la company de la company de la company de la company de la company de la company de la company de la comp
	С	Rental income or (loss)						
	d	Net rental income or (loss)	. <u></u> .	>			<u> </u>	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				Billian Programme
		assets other than inventory					ee jaraa	
	b	Less: cost or other basis						
		and sales expenses				,		
	С	Gain or (loss)		<u> </u>	,			
	d	. , ,		.				
힐	8 a	Gross income from fundraising	g events (not			•		
Ę		including \$	of					
Other Reven		contributions reported on line	•					
ē		Part IV, line 18						
됩		Less: direct expenses		L	. *		\$ F	
		Net income or (loss) from fund		>				·
	9 a	Gross income from gaming ac						
		Part IV, line 19					1	
		Less: direct expenses Net income or (loss) from gam						
		, , ,	-	·····				
	io a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sale		•	,		·	
t	U	Miscellaneous Revenu		Business Code				
-	11 a			_uon1000 Code				
	b							
.								
	4	All other revenue				 		
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			3247479.	3240493.	0.	6,986.
13200 01-23	9							Form 990 (2011)

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).

	dule O contains a respons		s Part IX	(C)	(D)
Do not include amounts rep 7b, 8b, 9b, and 10b of Part		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
 Grants and other assistand organizations in the United 	•				
2 Grants and other assist					
the United States. See	Part IV, line 22				
3 Grants and other assist	ance to governments,				
organizations, and indiv	iduals outside the			de Coverte et el-lega de d	Machille Marinia da Paga C
United States. See Part	IV, lines 15 and 16				
4 Benefits paid to or for n	nembers	·			
5 Compensation of currer	nt officers, directors,				
trustees, and key emplo	yees	244,036.	122,018.	122,018.	
6 Compensation not include	d above, to disqualified		•		
persons (as defined under	section 4958(f)(1)) and				
persons described in section	on 4958(c)(3)(B)			· ·	
7 Other salaries and wage	es	931,473.	737,008.	194,465.	
8 Pension plan accruals and	contributions (include				
section 401(k) and section 403(l	o) employer contributions)	30,172.	24,094.	6,078.	
9 Other employee benefit	s	178,866.	136,203.	42,663.	
10 Payroll taxes	.,	98,131.	73,598.	24,533.	
11 Fees for services (non-e					
a Management		219,935.	109,220.	110,715.	
b Legal		124,582.		124,582.	
c Accounting		100,343.		100,343.	
d Lobbying				<u>.</u> .	
e Professional fundraising se	ervices. See Part IV, line 17 📙				
f Investment managemer	nt fees				
g Other					
12 Advertising and promot	I	25,633.	25,633.		
13 Office expenses	,	226,062.	214,652.	11,410.	
14 Information technology		88,527.	88,527.		
15 Royalties					
16 Occupancy		172,308.	163,693.	8,615.	
17 Travel		98,326.	93,410.	4,916.	
18 Payments of travel or er	ntertainment expenses				
for any federal, state, or	local public officials	·			
19 Conferences, convention	ns, and meetings	255,860.	255,860		
20 Interest		2,118.	2,012.	106.	
21 Payments to affiliates				·	
22 Depreciation, depletion,	and amortization	217,629.	206,748.	10,881.	
		7,341.		7,341.	
24e amount exceeds 10%	expenses in line 24e. If line of line 25, column (A)				
amount, list line 24e expen		3,685.	3,501.	184.	
a REGISTRATION		358.	340.	18.	
ь <u>LICENSES & F</u>	EKMIIS	330.	340.	10.	
c		+		·	
d		····························	-		
e All other expenses		3,025,385.	2,256,517.	768,868.	0
25 Total functional expenses		3,043,303.	<u>4,430,317.</u>	/00,000.	<u> </u>
26 Joint costs. Complete this		·			
reported in column (B) join					
educational campaign and	· · · · · · · · · · · · · · · · · · ·				
Check here if follow	ring SOP 98-2 (ASC 958-720)				Form 990 (2011

	is Kyroke T_ ii	Balance Sheet		,	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			671,342.	1	467,128.
	2	Savings and temporary cash investments			264,337.	2	658,236.
·	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,281.	4	
	5	Receivables from current and former officers, di				Ele stic Statistic	
		employees, and highest compensated employee		· · · · · · · · · · · · · · · · · · ·			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as		1.25			
		4958(f)(1)), persons described in section 4958(c		4	ne esperanti di 112 e. decali il iddicabile indilizziologi	nga istinete	
		employers and sponsoring organizations of sect		1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1			
		employees' beneficiary organizations (see instru		1		6	The state of the s
sts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		u i		8	
¥	9	Prepaid expenses and deferred charges		12,524.	9	82,393.	
	_	Land, buildings, and equipment: cost or other					
	104	basis. Complete Part VI of Schedule D	10a	1.084.033.		5.4	
	_h	Less: accumulated depreciation	10b	401,726.	834,356.	10c	682,307.
	11	Investments - publicly traded securities				11	, , , , , , , , , , , , , , , , , , ,
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		r –		14	
	15	Other assets. See Part IV, line 11		10,331.	15	203,619.	
	16	Total assets. Add lines 1 through 15 (must equa		1,806,171.	16	2,093,683.	
	17	Accounts payable and accrued expenses	· ·	162,852.		233,403.	
	18	Grants payable	1		18		
	19	Deferred revenue			4,474.	19	3,070.
	20	Tax-exempt bond liabilities			· · · · · · · · · · · · · · · · · · ·	20	
6 0	21	Escrow or custodial account liability. Complete I		· · · · · · · · · · · · · · · · · · ·		21	
Liabilities	22	Payables to current and former officers, director		f			
iq		highest compensated employees, and disqualifi					
Lis		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		The state of the s		24	24,585.
	25	Other liabilities (including federal income tax, pa		•			
		parties, and other liabilities not included on lines	-			ŀ	
		Schedule D			110,895.	25	82,581.
	26	Total liabilities. Add lines 17 through 25			278,221.	26	343,639.
		Organizations that follow SFAS 117, check he					
S		lines 27 through 29, and lines 33 and 34.		· '			
ce	27	Unrestricted net assets		· ·	1,527,950.	27	1,750,044.
alar	28	Temporarily restricted net assets		· · · · · · · · · · · · · · · · · · ·		28	
9	29					29	
Ě		Organizations that do not follow SFAS 117, c			- 4,5		
Pr F		complete lines 30 through 34.					
ts (30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		1	- -	32	
Re	33	Total net assets or fund balances		f =	1,527,950.	33	1,750,044.
	34	Total liabilities and net assets/fund balances			1,806,171.	34	2,093,683.

Form 990 (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number YOGA ALLIANCE 94-3079524

Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.			<u> </u>	
he organ			because it is: (For lines									
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170)(b)(1)(A)(i).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospi	tal service organization (described	in section	170(b)(1)	(A)(iii).				-	
.4::-	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter t	he hospita	l's nam	10,
	city, and stat	ė:										
5		ion operated for the (b)(1)(A)(iv). (Comple	benefit of a college or unete Part II.)	niversity o	wned or o	perated by	/ a govern	mental uni	t describ	ed in		
6			ent or governmental uni	t describe	d in sectio	n 170/b)/	1)(A)(v).					
7	An organizati	··· -	eives a substantial part				,, ,, ,	or from the	general ¡	public desc	ribed i	n
8 🗌	•		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			eives: (1) more than 33			rom contr	ibutions n	nembershi	n fees ar	nd aross re	ceints	from
•			nctions - subject to certa							-	,	
		="	axable income (less sect	•		-				-		
		509(a)(2). (Complete			,,		aoquii ou k	y and orgo		antor ourio c	,, ,,,,	.
10			perated exclusively to te	st for publ	ic safetv. S	See sectio	on 509(a)(4	4).				
11 🔲	_		perated exclusively for the		•		, ,,	•	v out the	purposes o	of one	or
	-		tions described in section						-			
	-		organization and comple				.,		/(-/-			
	a Type I		¬ `	з 🔲 Тур			tegrated		d 🗔	Type III · (Other	
е 🔲			t the organization is not	7.		•	•	r more disc				n
	-		han one or more publicly		_		_					
f			ten determination from t						. , . ,			
		rganization, check th			-	-						
g		•	rganization accepted ar							,		
Ū			irectly controls, either al								Yes	No
			upported organization?	-					•			
	-		described in (i) above?									
			person described in (i) o									
h			about the supported or					•••••				
		ŭ			. ,							
	of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li:	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	ed in the L	(vii) An sup	nount o	f
			(see instructions))	Yes	No	Yes	No	Yes	No			
						·						
						<u> </u>						
							<u> </u>					
otal												

Form 990 or 990-EZ.

13

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2011

Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organ	nization failed to qualify under Part III. If the organization .
fails to qualify under the tests listed below, please complete Part III.)	•

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					:	
	furnished by a governmental unit to	ļ					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	[47] 지원 교육 夢					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			skitligarija judi			
	Public support, Subtract line 5 from line 4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Se	ction B. Total Support				r	,	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			,			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ļ					
	assets (Explain in Part IV.)		True of the				
	Total support. Add lines 7 through 10	Å.		<u> </u>	a si j		
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for						
<u></u>	organization, check this box and storection C. Computation of Publ	<u>o here</u> lic Support De	rcentage			· · · · · · · · · · · · · · · · · · ·	>
				1 (6)			
	Public support percentage for 2011 (15	% %
	Public support percentage from 2010						
168	33 1/3% support test - 2011. If the						
	stop here. The organization qualifies 33 1/3% support test - 2010. If the						
r	and stop here. The organization qual						
47.	and stop nere. The organization qual 10% -facts-and-circumstances tes						
1/8							
	and if the organization meets the "fact						
1.	meets the "facts-and-circumstances"	_	•	•			
k	10% -facts-and-circumstances tes						070 OF
	more, and if the organization meets the				and the second s		▶□
۸.	organization meets the "facts-and-circ						·····
18	Private foundation. If the organization	ni did not check a	oux on line 13, 16	a, 100, 178, 0F 17K			
		•			Sche	edule A (Form 990	or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 YOGA ALLIANCE Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support			·			
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	95.	812.				907.
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					and the state of t	
organization's tax-exempt purpose	1,546,718	1,760,260.	1,915,194,	2,368,653.	3,240,493,	10,831,318,
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	l			·		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	.					
6 Total, Add lines 1 through 5	1,546,813.	1,761,072,	1,915,194.	2,368,653.	3,240,493,	10,832,225.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		·				0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						10,832,225.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	1,546,813,	1,761,072.	1,915,194.	2,368,653.	3,240,493.	10,832,225.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,425.	28,384.	5,308.	3,400.	6,986.	75,503.
b Unrelated business taxable income	,					
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b	31,425.	28,384.	5,308.	3,400.	6,986.	75,503.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					•	
12 Other income. Do not include gain			:			
or loss from the sale of capital	124.					124.
assets (Explain in Part IV.)	1.578.362.	1,789,456.	1,920,502.	2.372.053.	3,247,479,	10,907,852.
14 First five years. If the Form 990 is for	·					
	tile Organization s					. —
Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2011 (olumo (fl)	· · · · · · · · · · · · · · · · · · ·	15	99.31 %
16 Public support percentage from 2010					16	99.16 %
Section D. Computation of Investigation					10	<u> </u>
17 Investment income percentage for 20			o 13 column (f)		17	.69 %
					18	.90 %
18 Investment income percentage from : 19a 33 1/3% support tests - 2011. If the			on line 14 and line			
						✓ IS HOL
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che						······ [
20 Private foundation. If the organization	п аю пот спеск а і	oox on line 14, 19	a, or Tab, check th			or 990-FZ) 2011

15580510 745960 39848

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Open to Public Inspection

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		Empl	oyer identification number
Name of organization	TTANCE		Linbi	94-3079524
YOGA AL Part I-A Complete if the org	<u>птамсе</u> ganization is exempt und	der section 501(c)	or is a section 527 o	rganization
Provide a description of the organiz Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	in Part IV. ▶\$	
Part I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).	
 Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section 	incurred by organization manag	gers under section 495	5▶\$	Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the org	ganization is exempt une	der section 501(c)	, except section 501(c)(3).
 Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and ermade payments. For each organization contributions received that were propolitical action committee (PAC). If 	nization's funds contributed to o s. Add lines 1 and 2. Enter here 1120-POL for this year? mployer identification number (E ation listed, enter the amount pa omptly and directly delivered to	ther organizations for s and on Form 1120-POL EIN) of all section 527 paid from the filing organical separate political organical organ	ection 527 \$ \$ \$ colitical organizations to whice ization's funds. Also enter the ganization, such as a separation.	Yes No h the filing organization e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter ·0
•				

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2011 YOGA ALLIANCE 94-307952

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

made 1 A 2 A 10 T II		(a)		ļ	(b)
f the lobbying activity.	Yes		No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or		2 43 P			
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:			A A H		
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				Di Ardenio, in ordanio de locar galery, est a	
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?	.,.				
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i	1. 3		-4000		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912		7 Sec.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	forest to the first terms	1 191			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1			
Part III-A Complete if the organization is exempt under section 501(c)(4), sec		:)(5)	or se		
	•	.,,			
501(c)(6).					No
				Yes	
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	
				Yes	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer 	ction 501(c)(5)	2 3 , or se	ection	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

OGA ALLIANCE Employer identification number 94-3079524

Part II. Organization a Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yee" to Form 980, Part IV, line 6. 1 Total number at end of year (but form 980, Part IV, line 6. 2 Aggregate contributions to (during year)	n.	YOGA ALLIANCE	Funda or Othor Similar Fund	94-30/95/4
Total number at end of year	ra			s of Accounts. Complete if the
1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate parts from (during year) 4 Aggregate value at end of year 5 Did the organization informal idenores and denore advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 5 Did the organization informal idenores and denore advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the denor or donor advisor, or for any other purpose conferring immentishible private bornoff? 7 Part IIII Conservation Easements. Complete if the organization (check all that apply). 7 Part IIII Conservation deasements held by the organization (check all that apply). 7 Preservation of an advisor public use (e.g., recreation or education) Preservation of an instruction and area Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat and protection of a conservation easements and advisor of the accordance of conservation easements and advisor that a qualified conservation contribution in the form of a conservation sessment on the last day of the tax year. 2 Total number of conservation easements and advisor and accordance of conservation easements and after a protection of conservation easements and accordance and accorda		organization answered "Yes" to Form 990, Part IV, line		· · · · · · · · · · · · · · · · · · ·
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historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
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b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 S		historical treasures, or other similar assets held for public exhib	ition, education, or research in further	ance of public service, provide, in Part XIV,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		the text of the footnote to its financial statements that describe	es these items.	
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and balance sheet works of art, historical
relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		- · · · · · · · · · · · · · · · · · · ·		
(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		•		and delivery brother the tenething anneather
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1		•		▶ ©
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1				k 4
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1	_	• • • • • • • • • • • • • • • • • • • •		
a Revenues included in Form 990, Part VIII, line 1	2	-		ai gairi, provide
				. .
b Assets included in Form 990, Part X	а			
	b	Assets included in Form 990, Part X		• \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

682,307.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part V	II Investments - Other Securities. S	ee Form 990, Part X, line	12.		ı
<u> </u>	(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuest or end-of-year ma	
(1) Finar	cial derivatives				
	ely-held equity interests				***************************************
(3) Other	·			· · · · · · · · · · · · · · · · · · ·	
(A)					
(B)					
(C)					
(D)					
(E)	<u> </u>				
(F)	and the second s			<u></u>	
(G)					
(H)					
(I)			11 - 11 - 12 Will William - 485 A. 886		
	(b) must equal Form 990, Part X, col (B) line 12.)				
Part V	III Investments - Program Related.	See Form 990, Part X, III T	le 13.	(c) Method of valu	
	(a) Description of investment type	(b) Book value	Со	est or end-of-year ma	
(1)					
(2)					
(3)		-			· · · · · · · · · · · · · · · · · · ·
(4)					
(5)		•			· · · · · · · · · · · · · · · · · · ·
(6)					
(7)				***	
(8) (9)					
(10)					
	(b) must equal Form 990, Part X, col (B) line 13.)			y arabanyaya (albert 1957) KB 4885 (ballana araban)	
Part IX		→ 15.		<u> </u>	
Line for the Section) Description		~·····································	(b) Book value
(i) I	DUE FROM YAPLUS				193,288.
	SECURITY DEPOSIT				10,331.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Co	olumn (b) must equal Form 990, Part X, col (B) lin Other Liabilities. See Form 990, Part X			<u></u>	203,619.
1.	(a) Description of liability		(b) Book value		
	ederal income taxes				4.4
(2) I	DEFERRED RENT ABATEMENT		82,581.		
(3)					
(4)		·			
(5)				<u></u>	
(6)				. :	
(7)				ļ. ·	
(8)			····		
(9)					
(10)				4	
(11)					
Total. (C	olumn (b) must equal Form 990, Part X, col (B) lir. (ASC 740) Footnote. In Part XIV, provide the text of the footnote (ASC 740).	to the organization's financial st	82,581.	 zation's liability for uncert	ain tax positions under
2. FIN 48	(ASC 740).				
132053 01-23-12				Sc!	hedule D (Form 990) 2011

Sche	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Stat	94-3	079524 Page 4
			1		3,247,479.
1	Total revenue (Form 990, Part VIII, column (A), line 12)		2		3,025,385
2	Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1		3		222,094
3			4		222,024
4	Net unrealized gains (losses) on investments		5	-	
5	Donated services and use of facilities		6		
6	Investment expenses		7		
7	Prior period adjustments		8		
8	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8		9		
9	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				222,094
10 Pai	TXII Reconciliation of Revenue per Audited Financial Statemen	nts With Reve	nue per	Return	<u> </u>
1	Total revenue, gains, and other support per audited financial statements				3,247,479
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•••••		<u> </u>
ے a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIV.)		•		-
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				3,247,479
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		• • • • • • • • • • • • • • • • • • • •		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)				
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,247,479
Рa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses pe	r Retur	n
1	Total expenses and losses per audited financial statements			1 1	3,025,385
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	0 .
3	Subtract line 2e from line 1			3	3,025,385
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	0 /
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	<u>3,025,385</u> ,
	rt XIV Supplemental Information				· · · · · · · · · · · · · · · · · · ·
X, lin	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl RT X, LINE 2: IN JUNE 2006, THE FINANCIAL A	lete this part to pro	ovide any a	dditional i	nformation.
FAI	(I A, DINE 2. IN DOME 2000, THE PINAMETAL P	100001411140	J D 12111.	<u> </u>	DOIND
<u>(F</u>	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	S, THAT PE	ROVIDE	S GUI	DANCE FOR
RE	PORTING UNCERTAINTY IN INCOME TAXES. FOR TH	HE YEARS I	ENDED :	DECEM	BER 31,
<u> 20</u> :	11 AND 2010, THE ORGANIZATIONS HAVE DOCUMEN	NTED THEIR	CONS	IDERA	TION OF
FA:	SB ASC 740-10 AND DETERMINED THAT NO MATERI	IAL UNCERT	PAIN T.	AX PC	SITIONS
QUZ	ALIFY FOR EITHER RECOGNITION OR DISCLOSURE	IN THE CO	MBINE	D FIN	ANCIAL
ST	ATEMENTS. THE FEDERAL FORM 990, RETURN OF C	ORGANIZATI	ON EX	EMPT	FROM
IN	COME TAX, IS SUBJECT TO EXAMINATION BY THE	INTERNAL	REVEN		RVICE,

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ZUII

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

YOGA ALLIANCE

Employer identification number 94-3079524

Pa	rt I Questions Regarding Compensation			т
	Other than the state of the supplication and the following to prefer a payon listed in Form 000	11 1	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		1 A	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	ulilealóxi	1.00	/ Williams
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	S. Oak	i i i	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	F. P. H		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	\cdot			15.17
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	gerill.	.:	
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee X Written employment contract			1
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
e.	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
. •	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	• :		
	The first to daily of miles the persons and present the approximation and approximat			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
_	The organization?	5a		x
a	Any related organization?	5b		X
b	If "Yes" to line 5a or 5b, describe in Part III.			1
_	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6		÷		
	contingent on the net earnings of:	60		х
	The organization?	6a		X
b	Any related organization?	_6b		<u> </u>
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		7.7
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X.
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			3,
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	L	L

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

,		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(I)(D)	reported as deferred in prior Form 990
	ε	195,306.	0	18,721.	21,794.	8,215.	244,036.	0
1 JOHN MATTHEWS	(ii)		0	0	0	0	0.	
	(i)							
2	(ii)							
	(i)					.5.1.		
3	(ii)							
	(i)							
4	(ii)							
	Ξ							
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	Ξ							
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				L			Schedu	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 YOGA ALLIANCE	94-3079524 Page 3
Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	art II. Also complete this part for any
PART I, LINE 4A: JOHN MATTHEWS IS ENTITLED TO SEPARATION PAYMENTS	and the state of t
\$ \$34,656. A TOTAL OF \$18,721 WAS RECEI	
- ≥:	
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	and the second
	Same distance
	Schedule J (Form 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2011
Open to Public Inspection

Name of the organization

YOGA ALLIANCE

Employer identification number 94-3079524

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
YOGA ALLIANCE IS THE NATIONAL EDUCATION AND SUPPORT ORGANIZATION FOR
YOGA IN THE UNITED STATES. YOGA ALLIANCE WORKS IN THE PUBLIC INTEREST
TO ENSURE THAT THERE IS A THOROUGH UNDERSTANDING OF THE BENEFITS OF
YOGA, THAT TEACHERS OF YOGA VALUE ITS HISTORY AND TRADITIONS AND THAT
THE PUBLIC CAN BE CONFIDENT OF THE QUALITY AND CONSISTENCY OF
INSTRUCTION.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE
OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE BOARD RECEIVED A
COPY OF THE FORM 990 SEVERAL DAYS BEFORE IT WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO SIGN A
CONSENT FORM INDICATING THAT THEY WILL NOT ENGAGE IN ACTIONS THAT MAY
CONSTITUTE AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST WITH THE
MISSION AND ACTIVITIES OF THE ALLIANCE, AND WILL DISCLOSE TO THE BOARD OF
DIRECTORS, ON THE PRESCRIBED FORM AND PERIODICALLY AS FACTS DICTATE, ANY
SUCH CONFLICTS OF INTEREST AND ANY BUSINESS, FINANCIAL, AND ORGANIZATIONAL
INTERESTS AND AFFILIATIONS THAT ARE OR COULD BE CONSTRUED TO BE A CONFLICT
OF INTEREST. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES THE BOARD
CONSIDERS THE MATTER, WITH THE BOARD MEMBER WITH THE POTENTIAL CONFLICT OF
INTEREST RECUSING HIMSELF FROM THE MATTER.

WHEN EMPLOYEES WISH TO SERVE ON BOARDS, COMMISSIONS, OR IN OTHER OUTSIDE

ACTIVITIES THAT ARE IN THE PUBLIC INTEREST, THEY MUST FIRST CONFIRM WITH

THE PRESIDENT THAT THE VOLUNTARY SERVICE IS APPROPRIATE AND DOES NOT

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

Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 94-3079524

PRESENT A CONFLICT OF INTEREST WITH THEIR WORK FOR YOGA ALLIANCE. YA

REQUIRES EMPLOYEES TO REVIEW THE EMPLOYEE PERSONNEL HANDBOOK AT THE

BEGINNING OF EMPLOYMENT AND EACH YEAR AFTER. YA MAINTAINS A RECORD OF

EMPLOYEES CONFIRMING THAT THEY HAVE RECEIVED AND REVIEWED THE HANDBOOK

ANNUALLY. IF A CONFLICT OF INTEREST ARISES, YA INTERVIEWS THE EMPLOYEE IN

QUESTION TO REVIEW THE POSSIBLE CONFLICT. IF IT WAS DETERMINED THAT THE

EMPLOYEE HAD A GENUINE CONFLICT OF INTEREST, THEY WOULD BE ASKED TO CEASE

THE ACTIVITY IMMEDIATELY IN ORDER TO CONTINUE WITH EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15A: ONE OF THE ROLES OF THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS (BOD) IS TO REVIEW THE PERFORMANCE OF

THE PRESIDENT AND DETERMINE COMPENSATION ON AN ANNUAL BASIS. THE BOD

DISCUSSES COMPENSATION WITH OUTSIDE COUNSEL AND PURCHASES DATA THAT

COMPARES COMPENSATION FOR ASSOCIATION AND MEMBERSHIP EXECUTIVES. DATA IS

VERY DETAILED AND BREAKS THE INFORMATION DOWN WITH REGARD TO THE

ORGANIZATION'S ANNUAL BUDGET, NUMBER OF EMPLOYEES, YEARS IN POSITION AND

GEOGRAPHIC LOCATION. INFORMATION IS SHARED AND REVIEWED WITH THE EXECUTIVE

COMMITTEE. THE LAST COMPENSATION REVIEW FOR THE PRESIDENT TOOK PLACE ON

MARCH 17, 2011.

FORM 990, PART VI, SECTION C, LINE 19: YOGA ALLIANCE PROVIDES DOCUMENTS
UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 14:

THE ORGANIZATION DOES NOT HAVE A DOCUMENT RETENTION AND DESTRUCTION

POLICY. SENIOR MANAGEMENT INTENDS TO DISCUSS THE IMPLEMENTATION OF THIS

POLICY IN THE UPCOMING FISCAL YEAR.

39848 1

Schedule R (Form 990) 2011 (g) Section 512(b)(13) Employer identification number Open to Public OMB No. 1545-0047 controlled entity? Inspection 2011 Direct controlling Yes × 94-3079524 entity 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.) Direct controlling YOGA ALLIANCE entity End-of-year assets Ð status (if section Public charity 501(c)(3)) **e** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code Related Organizations and Unrelated Partnerships section 501(C)(6) ➤ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) VIRGINIA SOCIETY FOR YOGA TEACHERS, YAPLUS IS THE PROFESSIONAL ► Attach to Form 990. Primary activity Primary activity SCHOOLS AND STUDIOS. For Paperwork Reduction Act Notice, see the Instructions for Form 990. YOGA ALLIANCE 1701 CLARENDON BOULEVARD STE 110 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity ARLINGTON VA 22209 XAPLUS - 38-3849013 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULER (Form 990) Part II Part

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132161 01-23-12 LHA

Page 2

94-3079524

Schedule R (Form 990) 2011 YOGA ALLIANCE

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Schedule R (Form 990) 2011	Sche			30				132162 01-23-12
	2. 2							
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				·				
		-						
			-					
assets		or trust)		foreign country)				•
Perc	total	entity	Direct (Legal domicile	Primary activity		<u>Z</u> c	Name, address, and EIN of related organization
(6)	₩	(e)	(D)	(5)	(a)			(8)
ad one or more related	ne 34 because it ha	to Form 990, Part IV, Ii	ion answered "Yes"	lete if the organizat	oration or Trust (Comp year.)	as a Corp	ganizations Taxable rporation or trust duri	Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)
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· · · · · · · · · · · · · · · · · · ·			,		·:			
	1							
ule partner?	No K-1 (Form 1065)	assets reallocations?		excluded from tax under sections 512-514)	exo	(state or foreign country)		
31 General or Percentage	ortion- Code V-UE		Share of total income	redominant income related, unrelated,	Direct controlling P	Legal	Primary activity	Name, address, and EIN of related organization
9		(h) (h)	(j)	(e)	(p)	(o)	(q)	(a)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

,						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	s No
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			<u> </u>
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					1a	×
b Giff, grant, or capital contribution to related organization(s)		-			dt.	×
c Gift, grant, or capital contribution from related organization(s)					၃	×
					1d X	
:					1 e	×
						<u> </u>
f Sale of assets to related organization(s)					#	×
g Purchase of assets from related organization(s)					1g	×
					ų.	×
i Lease of facilities, equipment, or other assets to related organization(s)					÷	×
i lease of facilities equipment or other assets from related organization(s)					÷	×
	anization(s)				 	×
	anization(s)				=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)		· · · · · · · · · · · · · · · · · · ·		13	×
					t X	-
o Reimbursement baid to related organization(s) for expenses						
						×
q Other transfer of cash or property to related organization(s)		***************************************			5	×
r Other transfer of cash or property from related organization(s)		4		***************************************	14	M
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.	who must complete th	is line, including covered	relationships and trans	saction thresholds.	-	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved		(d) Method of determining amount involved		
(1) YAPLUS	N	76,350.	PERSONNEL A	ALLOCATION		
(2) YAPLUS	0	16,938.	ACTUAL COSTS	ග		
(3) YAPLUS	Q	50,000.LOAN	LOAN			
(4)				Z		
(9)			-	ar i		
(9)	****					
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A) (D) (K)	Disproper Code V-UBI General or Percentage floorate amount in box 20 managing ownership glocations; of Schedule K-1 partner? Ownership Yes No (Form 1065) Yes No		-				Schedule R (Form 990) 2011
£	propor- onate arr ations? of	 		 			
		 		 and many or head	and the second second		
(a)	Share of end-of-year assets	:					
	Share of total income						
(e) Are all	501(c)(3) 0rgs.? 4) Yes No						
(b)	Predominant income pa (related, unrelated, sexcluded from tax under section 512-514)						
(9)	Legal domicile (state or foreign country)					·	
(q)	Primary activity		· .			·	
(a) (b) (c) (d)	Name, address, and EIN of entity						

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