## Form 990-EZ

# PUBLIC DISCLOSURE COPY \*\* Short Form

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number YAPLUS Address change 38-3849013 D/B/A YOGA ALLIANCE Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 100 (571)482-3355 Terminated 1701 CLARENDON BOULEVARD City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return ARLINGTON, VA 22209 Number > Application pending Cash X Accrual Other (specify) H Check ► X if the organization is not G Accounting Method: Website: ▶ WWW.YOGAALLIANCE.ORG required to attach Schedule B Tax-exempt status (check only one) — 501(c)(3) X 501(c) (6 ) ◀(insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 173,230. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 Program service revenue including government fees and contracts 124,638. 2 2 9,158. 3 Membership dues and assessments 3 Investment income 5a Gross amount from sale of assets other than inventory 5a Less; cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b c Less: direct expenses from gaming and fundraising events 6c 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7a b Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule 0)

SEE SCHEDULE O 39,434 173,230. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 11 Benefits paid to or for members 11 367,448. Salaries, other compensation, and employee benefits 12 12 141,862. 13 Professional fees and other payments to independent contractors 13 15,994. 14 Occupancy, rent, utilities, and maintenance 14 22,180. 15 15 Printing, publications, postage, and shipping <u>400,363.</u> Other expenses (describe in Schedule 0) SEE SCHEDULE O 16 Total expenses. Add lines 10 through 16 947,847. 17 17 -774,617. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 -347,041Other changes in net assets or fund balances (explain in Schedule 0) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20

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

Form **990-EZ** (2013)

Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any que	estion in this Part II			X
	<del></del>		(A) Beginning of year		( <b>B</b> ) Er	d of year
22	Cash, savings, and investments		100,000	. 22		266,865.
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		100,000	25		266,865.
26	Total liabilities (describe in Schedule 0) SEE SCHEDULE O		447,041	. 26		388,523.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)					121,658.
Pa	art III Statement of Program Service Accomplishmer	<b>its</b> (see the inst	ructions for Part III)		Ex	enses
	Check if the organization used Schedule O to res	pond to any que	estion in this Part III			or section and 501(c)(4)
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE O					ns and section
Desc	ribe the organization's program service accomplishments for each of its three largest program s	services, as measured by e	xpenses. In a clear and concise	4	947(a)(1)	trusts; optional
	ner, describe the services provided, the number of persons benefited, and other relevant inform			Į Ť	or others.)	·
28	SEE SCHEDULE O					
	(Grants \$ ) If this amount includes foreign grants, check here				8a	758,676 <b>.</b>
29						
	<u></u>					
	(Grants \$ ) If this amount includes foreign g	rants, check here		2	9a	
30	·					
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>	3	0a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign g			□ 3	1a	
32	Total program service expenses (add lines 28a through 31a)	4.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			32	758,676.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list eac	h one even if not compensated - :	see the in	structions fo	or Part IV)
	Check if the organization used Schedule O to res	pond to any que	estion in this Part IV	<u></u>	<u></u>	
		(b) Average hour			h benefits, utions to	(e) Estimated
	(a) Name and title	per week devoted	W-2/1099-MISC)	employe	ee benefit	amount of other
		position	(if not paid, enter -0-)	compe	d deferred ensation	compensation
BF	RANDON HARTSELL					
CH	IAIR	4.00	0.		0.	0.
LI	NDA ROWE					
VI	CE CHAIR	1.00	0.		0.	0 <u>.</u>
	NN BUSHNELL					
SE	CRETARY	1.00	0.		0.	0.
<u>AN</u>	IDREW TANNER					
ΤF	REASURER	1.00	0.		0.	0.
MΖ	ARGIE DEUTSCH LASH					
$\overline{\text{DI}}$	RECTOR	1.00	0.		0.	0.
ΑF	RUN TILAK					
DI	RECTOR	1.00	0.		0.	0.
<u>GY</u>	ANDEV MCCORD				'	
DI	RECTOR	1.00	0.		0.	0.
RC	GER RIPPY					
	RECTOR	1.00	0.		0.	0.
	ERRY MAIORCA					
_	RECTOR	1.00	0.		0.	0.
_	CHARD KARPEL					
	RESIDENT & CEO	10.00	0.		0.	0.
		1				
		1				
	<del></del>		1			

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X activity in Schedule 0 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Х 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 N/A35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 Х 37a Enter amount of political expenditures, direct or indirect, as described in the instructions \_\_\_\_\_ > 37a X 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a N/A40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911  $\blacktriangleright$  \_\_\_\_\_\_ ; section 4912  $\blacktriangleright$  \_\_\_\_\_\_ ; section 4955  $\blacktriangleright$  \_ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? N/A If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization \_\_\_\_\_\_ e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed **NONE** Telephone no.  $\triangleright$  (571)482-3355 42a The organization's books are in care of ► BARBARA DOBBERTHIEN \_\_\_\_\_ ZIP+4 ► 22209 Located at ► 1701 CLARENDON BOULEVARD, ARLINGTON, VA **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b Х If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year \_\_\_\_\_\_ **\(\bigs\)** 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Х 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? Х 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

m 990-EZ (2013)	YAPLUS			38-38490	1 2	Page
111 990-EZ (2013)	D/B/A YOGA ALLIANCE			<u>30-30490</u>		s No
•	on engage, directly or indirectly, in political campaign activi Schedule C, Part I	• • • • • • • • • • • • • • • • • • • •	-		16	X
art VI Section	on 501(c)(3) organizations only					
	on 501(c)(3) organizations must answer questions 4	17-49b and 52, and complet	e the tables for line	s 50 and 51.		
	f the organization used Schedule O to respond to a					
					Ye	s No
Did the organization	n engage in lobbying activities or have a section 501(h) el	lection in effect during the tax y	ear? If "Yes," complete	e Sch. C, Part II 🛂	7	
Is the organization	a school as described in section 170(b)(1)(A)(ii)? If "Yes,	" complete Schedule E	***********		8	
Did the organization	on make any transfers to an exempt non-charitable related	organization?		4	9a	
	lated organization a section 527 organization?				9b	
Complete this tabl	e for the organization's five highest compensated employe	es (other than officers, director	s, trustees and key er	nployees) who eac	ı receive	d more
	compensation from the organization. If there is none, ente	r "None."				
	(a) Name and title of each employee	(b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)		(d) Health benefits, contributions to employee benefit plans, and deferred	amount of other	
	N/A	position		compensation		
	·		<del>-</del>			
·						
			-			
-						
Total number of o	ther employees paid over \$100,000	<b>&gt;</b>	.'			
	e for the organization's five highest compensated indepen		eived more than \$100.	000 of compensati	on from	the
	ere is none, enter "None." N/A					
(a) Name and	business address of each independent contractor	(b	) Type of service	(c) Cc	mpensat	tion
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		4				

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			_				
	shor of other independent contractors as	ash reasiving over \$100,000		<del>`</del>			
	iber of other independent contractors ea	All section 501(c)(3) organizations and 4	1047(a)(1) noneyemnt	·			
					► Yes	No	
Under penalties of	f perjury, I declare that I have examined this reti	lle A urn, including accompanying schedules and stat- tion of which pregarer has any knowledge.	ements, and to the best of my	knowledge and belief, it is	true, correct, and complete	В.	
DOGICAL COLOR OF DEC	Tubus Orbin	yohner .		19/8	3/2014		
Sign	Signature of officer			Date	7		
Here	BARBARA DOBBERTH	IEN, COO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid Preparer	DAVID F. GRALING	CPA Varid F. And CPA	9-5-14	self- employed	P 00366995		
Use Only	Firm's name ➤ GELMAN, R	OSENBERG & FREEDMA	N	Firm's EIN ► 52			
OGO OTHY	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N			Phone no. (301) 951-9090			
	BETHESDA	MD 20814-2930					

May the IRS discuss this return with the preparer shown above? See instructions

Yes

Form 990-EZ (2013)

#### **SCHEDULE 0**

(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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. YAPLUS

Employer identification number

38-3849013 D/B/A YOGA ALLIANCE FORM 990-EZ, PART I, LINE 8, OTHER REVENUE: DESCRIPTION OF OTHER REVENUE: AMOUNT: 39,434. ROYALTIES FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 45,934. ADVERTISING AND PROMOTION 18,973. BANK CHARGES AND MERCHANT FEES 7,139. SUPPLIES EQUIPMENT RENTAL 1,011. 5,395. TELEPHONE 895. DUES & SUBSCRIPTIONS 57. LICENSES & PERMITS 3,272. OTHER OFFICE EXPENSES TRAVEL, MEETING AND CONVENTIONS 46,527. CONFERENCES, CONVENTIONS AND MEETINGS 266,354. 1,325. INSURANCE 3,481. INTEREST TOTAL TO FORM 990-EZ, LINE 16 400,363. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: BEG. OF YEAR END OF YEAR DESCRIPTION 447,041. 1,357,377. DUE TO YOA ALLIANCE REGISTRY ACCOUNTS PAYABLE AND ACCRUED LIABILITIES 0. 1,692. 0. 29,454. DEFERRED REVENUE

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

TOTAL TO FORM 990-EZ, LINE 26

Schedule O (Form 990 or 990-EZ) (2013)

1,388,523.

30010

447,041.

332211 09-04-13

1/200003 7/5060 200/0

#### **SCHEDULE 0**

(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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

YAPLUS

Employer identification number D/B/A YOGA ALLIANCE 38-3849013

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - YOGA ALLIANCE'S MISSION IS TO SPREAD THE POWER OF YOGA, ONE PERSON AT A TIME.
TO SPREAD THE FOWER OF TOGA, ONE PERSON AT A TIME.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
YOGA ALLIANCE IS A 501(C)(6) PROFESSIONAL AND TRADE
ASSOCIATION. MEMBER BENEFITS AND SERVICES ARE PROVIDED THROUGH YOGA ALLIANCE, INCLUDING OUR CONFERENCE, MEMBER
PERKS AND ONLINE WORKSHOPS.
FORM 990-EZ, PART V LINE 33, ACTIVITIES NOT PREVIOUSLY REPORTED:
YOGA ALLIANCE REGISTRY, A RELATED ORGANIZATION, TRANSFERRED THE CONFERENCE
ACTIVITY TO YOGA ALLIANCE.

30010