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OMB No. 1545-0047 Return of Organization Exempt From Income Tax _Form * 990 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Inspection. The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 2009, and ending For the 2009 calendar year, or tax year beginning 20 C Name of organization YSI YOGA STUDIES INSTITUTE INC Check if applicable O Employer identification no Person 58-2678960 Address change Domo Business As tabel or print or Room/sude E Telephone number Name chance Number and street (or P.O. box if mail is not delivered to street address) type. See PO BOX 44114 (520) 445-4694 Initial return Specific Terminated City or town, state or country, and ZiP + 4 G Gross receipts Instruc TUCSON, AZ 85733 326,627 Amended return Name and address of principal officer KIMBERLEY VEENHOF Application pending Is this a group return for PO BOX 44114, TUCSON, AZ 85733 Yes X No X 501(c) (3) ◀ (insert no.) Are all affiliates included? If "No," attach a list, (see inst Tax-exempt status: WWW.YOGASTUDIESINSTITUTE.ORG Website: 🕨 H(c) Group exemption number 2004 Trust Form of organization X Corporation Association L Year of formation. M State of legal domicile. Part I Summary SEE STATEMENT ONE. IT IS ATTACHED AS A PDF Briefly describe the organization's mission or most significant activities: Ą G 0 V Check this box \[\int \] if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) · · · · · 0 Number of independent voting members of the governing body (Part VI, line 1b) . 0 Total number of volunteers (estimate if necessary) 35 Total gross unrelated business revenue from Part VIII, column (C), line 12 · · · · · 0 Net unrelated business taxable income from Form 990-T, line 34 · · · · · · · · · 0 **Current Year** R 94,323 18,482 Contributions and grants (Part VIII, line 1h) 141,485 303,682 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,355 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 235.808 324.519 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 E Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) · · · · · 0 Other expenses (Part IX, column (D), line 25) Deliver expenses (Part IX, column (A), lines 1741 10, EVENUE SERVICE b Total fundraising expenses (Part IX, column (D), line 188,620 263,824 Total expenses Add lines 13-17 (must equal Pert & Elum) (A, Me 25) 188,620 263,824 Revenue less expenses. Subtract line 18 from line 12 · · · · · 60,695 **Beginning of Current Year** End of Year Assets Total assets (Part X, line 16) 12.567 Total liabilities (Part X, line 26) . SERVICE.CENT.ER DIRECTOR 21 Net assets or fund balances. Subtract line 2000 NGTON KY. 12,567 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date ∷Here KIMBERLEY VEENHOF, PRESIDENT Type or print name and title Date Preparer's identifying number Check if Preparer's (see instructions) employed ► signature Paid DONNA J ETTER 10-11-2011 Preparer's ETTER FINANCIAL SERVICES. INC **Use Only** Firm's name (or yours 6299 S 20TH AVENUE if self-employed) address, and ZIP + 4 Phone no. ▶ 928-428-2543

*May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2009)

EEA

SAFFORD, AZ 85546

	990 (2009) YSI YOGA STUDIES INSTITUTE INC	58-2678960	Page 2
Pai	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	SEE STATEMENT ONE.		
			.
			
2	Oid the emerication undertake any similar transfer and the second of the		- -
_	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	[]v [el su a
	If "Yes," describe these new services on Schedule O.	· · · · L Yes (X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services? · · · · · · · · · · · · · · · · · · ·	Vos V	No
	If "Yes," describe these changes on Schedule O.		1110
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants		
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
	, , , , , , , , , , , , , , , , , , ,		
4a	(Code:) (Expenses \$ 240,885 including grants of \$) (Revenue	S 324,	272)
	SEE STATEMENT TWO		
4b	(Code:) (Expenses \$	s)
			
		 	
			
4c	(Code:) (Expenses \$including grants of \$) (Revenue	\$)
			·
		<u></u>	
		 	
			
4.1	Otto-		
4d	Other program services. (Describe in Schedule O.) (Expenses S including grants of \$) (Revenue \$,	
-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 240,885		
46	IOMI BIORIGIII SELAICE GAPEIISES 🕒 💮 🗲 🗸 40 , 900		

Form 990 (2009) YSI YOGA STUDIES INSTITUTE INC

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Is the organization required to complete Schedule B. Schedule of Contributors? 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes." complete 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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," Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 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. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 X Was the organization included in consolidated, independent audited financial statements for the tax year? 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a X Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Checklist of Required Schedules (continued)

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			!
	U.S. Information Returns. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •	1	Í	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable · · · · · · · · · 1b 0		i	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l		
	Statements, filed for the calendar year ending with or within the year covered by this return · · · · · 2a 0			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	1	1	
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	-	<u> X</u>
_	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	ı		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			••
	·	4a		<u> X</u>
D	If "Yes," enter the name of the foreign country:	ļ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
e	and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- 1	·
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u> X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
С	Prohibited Tax Shelter Transaction? · · · · · · · · · · · · · · · · · · ·	5c	1	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? · · · · · · · · · · · · · · · · · · ·	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
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	1	X
ь	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		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, 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
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		_X_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	.		
_	organization, have excess business holdings at any time during the year?	-8		X
9	Sponsoring organizations maintaining donor advised funds.	a -		
a	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a 9b		X
. b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
_ b	order reading, metaded on the order reading and reading readin			
11	Section 501(c)(12) organizations. Enter. Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
J	amounts due or received from them) · · · · · · · · · · · · · · · · · · ·			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
. _ ъ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		\vdash	
	EEA	Form	990 (2	2009)

Part VI G

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		_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		<u>x</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		~	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·	9		_X
500	tion B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code.)			
		$\neg \neg$	Yes	No
10a	Does the organization have local chapters, branches, or affiliates? - · · · · · · · · · · · · · · · · · ·	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	1	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11	х	
11a				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		_^_	
b		12b	x	
_	no to commen.			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	l v l	
	describe in scriedule of now this is done	13	X	
13	bues the digalization have a written whisteblower policy:	14	X	
14	Does the organization have a written document retention and destruction policy?	-14	<u>X</u>	
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?	45-		.,
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
	with a taxable entity during the year?	16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	405	_	
	the organization's exempt status with respect to such arrangements?	16b	L	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► NICOLE SANDERSON (520)207-4493			
	2704 P BUTDO CHOPPH MICCON NO 95716			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((5)			(D)	(E)	Œ
Name and Title	Average hours per week	Posit	on (c	neck O	K	atapply H c e	E	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	WEEK	ltd nri dur ise vtet de o u o ir	stee stee	.r . ce r	y employee	g mp l e o n y t s e t e d	r me r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
KIMBERLEY VEENHOF										
PRESIDENT	10.00			X				41,987	0	0
DAVID FISHMAN										
TREASURER AND ADVISOR	3.00	<u> </u>		Х	L		L	a	0	0
MIRA SHANI										
TEACHER TRAINING DIRECTOR	10.00			Х				20,268	0	0
NICOLE SANDERSON										
OPERATIONS MANAGER	19.00			Х				7,883	0	0
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		ļ			_	_	_			
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		<u> </u>			_	_				
						1				

Pan VIII Section A. Unicers, Directors, Trustees, K	ey Employe	es, and	ımı	Jiies	1 00	mpera	Sale	Employees (cont	inueu)		——	
(A)	(B)				C)			(D)	Œ)	- 1	(F))
Name and Title	Average hours per week	Post I t d nri dur I s e v t c I e t de o u r a o I r	I t nr su t s i t	0-1-00	K e y	Hce i gmp hpl een stse te d	F O L E	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		Estima amoun othe compens from t organiza and rela organiza	t of er sation the ation ated
								<u> </u>				
				_			_			 		<u></u>
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			_	_						+		
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		-					-			-		
				_						-		
1b Total · · · · · · · · · · · · · · · · · · ·		<u> </u>	<u>. </u>	_	<u>. </u>	• • •	•	70,138		0		0
2 Total number of individuals (including but not limited to reportable compensation from the organization ▶	o those listed	abov	e) w	ho r	ecei	ved m	ore t	han \$100,000 in		0		
											Yes	s No
3 Did the organization list any former officer, director or employee on line 1a? If "Yes," complete Schedule J for			-							. 3	1.	
4 For any individual listed on line 1a, is the sum of repor										` `	+	X
the organization and related organizations greater that	n \$150,000?	If "Ye	s," c	omp	lete	Sched	lule .	J for such		. 4		x
5 Did any person listed on line 1a receive or accrue com services rendered to the organization? If "Yes," comple	-		-			_				5		X
Section B. Independent Contractors Complete this table for your five highest compensated	independer	it contr	acto	ors th	nat r	eceive	d mo	ore than \$100,000	of			
compensation from the organization.								1	- · · · - · · · · · · · · · · · · · · ·			
(A) Name and business address		_						(B) Description of s	ervices	Cox	(C) mpensat	ion
								 				
		A- **		-1-								
Total number of independent contractors (including but more than \$100,000 in compensation from the organia		to thos	se li:	sied	a00	ve) Wr	io re	ceivea		_		

Part \	/	Statement of Revenue	Statement of Revenue				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns 1a					072,010,007
	ь	Membership dues · · · · · · 1b					
Contri- butions.	С	Fundraising events 1c					
gifts,	ď	Related organizations 1d					
grants and	е	Government grants (contributions) · · 1e	18,482				
other	f	All other contributions, gifts, grants,					
Similar		and similar amounts not included above 1f					
amounts	g	Noncash contributions included in lines 1a-1f: \$					
_	h	Total. Add lines 1a-1f	• • • • • • •	18,482			
			Business Code	-			
	2a	SEMINAR FEES	900099	303,682	303,682		
D	ь						
Program Service	С						
Revenue	đ						
	е						
	f	All other program service revenue • • • • • • •	<u> </u>				
	g	Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·	• • • • • • •	303,682			
١	3	Investment income (including dividends, interest,	and	į			
		other similar amounts) · · · · · · · · · · · · · · · · · · ·					
		Income from investment of tax-exempt bond proc					
	5	Royalties	• • • • • • •				<u> </u>
		(i) Real	(ii) Personal			!	
		Gross Rents					
		Less: rental expenses · · ·					
	,	Rental income or (loss) · · ·	L				
		Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis				,	
0		and sales expenses · · ·					
t		Gain or (loss)					
h e		Net gain or (loss)	•••••				
r	ва	Gross income from fundraising					ļ
R		events (not including S					
е		of contributions reported on line 1c).					
v e		See Part IV, line 18 · · · · · · · · a Less: direct expenses · · · · · · b					
n				1	-		-
u e		Gross income from gaming activities.					
_	3.5	See Part IV, line 19 · · · · · · · · a					
	ь	Less: direct expenses · · · · · · · b					
		Net income or (loss) from gaming activities • •					
							
		Gross sales of inventory, less returns and allowances · · · · · · · a	4,463				
		Less: cost of goods sold · · · · · · · b	2,108	2,355	2,355		
		Net income or (loss) from sales of inventory · ·		2,333	2,333		
	11a	Miscellaneous Revenue	Business Code				1
	b					<u> </u>	
	c		J				
	_	All other revenue	<u> </u>				
	l .	Total. Add lines 11a-11d · · · · · · · · ·	• • • • • •				
		Total revenue. See instructions	• • • • • •	324,519	306,037	(0
			EEA		<u> </u>	·	Form 990 (2009)

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). (B) Program service (C) Management and Do not include amounts reported on lines 6b. (A) Total expenses (D) Fundraisino 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 · · · · · · · · Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) · · · · · · Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 11 Fees for services (non-employees): þ Legal 2,940 2,940 Ċ d Professional fundraising services See Part IV, line 17 · 9 12 Advertising and promotion 1,412 1,412 13 Office expenses Information technology 14 15 16 7,677 7,677 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings · · · · 20 21 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 247 BANK FEES 247 a BOOKS 49 49 COMMUNICATIONS 5,653 5,653 DUES AND SUBSCRIPTIONS 473 473 ď MARKETING 2,195 2,195 243,178 233,208 9,970 Total functional expenses. Add lines 1 through 24f 263,824 240,885 22,939 0 Joint Costs. Check here | if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

Par		Balance Sheet			
			(A)		(B)
		<u></u>	Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	7,203	1	12,567
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			_
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			_
A S		Part II of Schedule L		6	
S	7	Notes and loans receivable, net	-	7	
e	8	Inventories for sale or use		8	
t s	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D · · · · 10a			
	ь	Less. accumulated depreciation · · · · · · · · · 10b		10c	•
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities. See Part IV, line 11		12	
İ	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,203	16	12,567
	17	Accounts payable and accrued expenses	.,,203	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
ī		Tax-exempt bond liabilities		20	
a	20			21	
b	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	22	Payables to current and former officers, directors, trustees, key			
i t		employees, highest compensated employees, and disqualified			
i		persons Complete Part II of Schedule L	·	22	
e	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117, check here			
N F		complete lines 27 through 29, and lines 33 and 34.		{	~
e u t n	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·		27	
d	28	Temporarily restricted net assets		28	
A s B	29	Permanently restricted net assets		29	
s a		Organizations that do not follow SFAS 117, check here			
e 1		and complete lines 30 through 34.			
t a s n	30	Capital stock or trust principal, or current funds		30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
O e	32	Retained earnings, endowment, accumulated income, or other funds	7,203	32	12,567
	33	Total net assets or fund balances	7,203	33	12,567
	34	Total liabilities and net assets/fund balances	7,203	34	12,567

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

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

2009

Open to Public Inspection

Employer identification number

YSI	YOU	GA STUDIES INS								678960			
Pa	πIJ	Reason for	Public Charit	y Status (All organiza	ations mus	t complete	this part.)	See instr	uctions.				
The	orga			use it is: (For lines 1 thro									
1		A church, convention	n of churches, or a	ssociation of churches d	escribed in	section 1	70(b)(1)(A)(i).					
2		A school described i	in section 170(b)(1)	(A)(ii). (Attach Schedule	E)								
3		A hospital or a coop	erative hospital ser	vice organization descrit	bed in sect	ion 170(b)	(1)(A)(iii).						
4			organization opera	ted in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(A)(iii). Enter	the hospit	al's nan	ne,	
_		city, and state:											
5		An organization ope section 170(b)(1)(A)		it of a college or universi	ty owned c	r operated	by a gove	ernmental	unit descn	bed in			
s	Γ			governmental unit desc	rihad in sa	ction 170(h)(1)(A)(v)						
7	H		•	a substantial part of its s					the nenera	d nublic			
•	L	described in section	•	•	apport no.	n a goven	micikai on	0	are genera	n poono			
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Compl	ete Part II)							
9	$\overline{\mathbf{x}}$	An organization that	normally receives:	(1) more than 33 1/3% (of its suppo	ort from co	ntributions	, member	ship fees, a	and gross			
		receipts from activiti	es related to its exe	empt functions - subject (to certain e	xceptions	, and (2) n	o more tha	an 33 1/3%	of its			
		support from gross i	nvestment income	and unrelated business	taxable ind	ome (less	section 51	11 tax) from	n business	ses			
		acquired by the orga	nization after June	30, 1975. See section 5	509(a)(2). (Complete	Part III.)						
10		An organization orga	anized and operate	d exclusively to test for p	oublic safe	y. See see	ction 509(a	ı)(4).					
11		An organization orga	anized and operate	d exclusively for the ben	efit of, to p	erform the	functions	of, or to c	arry out the	2			
		purposes of one or r	more publicly suppo	orted organizations desc	ribed in se	ction 509(a	a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check the	box that describes	the type of supporting o	organizatio	n and com	plete lines	11e throu	gh 11h.				
		a 🔲 Typel	b 🔲 Турс	ell c [Type III-	Functional	ily integrat	ed	d	Type I	II-Other		
е		By checking this box	c, I certify that the o	rganization is not contro	lled directly	or indirec	tly by one	or more d	isqualified				
		persons other than f	oundation manage	rs and other than one or	more pub	icly suppo	rted organ	izations de	escnbed in	section			
		509(a)(1) or section	509(a)(2).										
f		If the organization re	eceived a written de	etermination from the IRS	S that it is a	Type I, T	ype II, or T	ype III sup	porting				
		organization, check	this box · · · ·	• • • • • • • • • • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • •	• • •	••
g		Since August 17, 20	06, has the organiz	cation accepted any gift of	or contribu	lion from a	iny of the						
		following persons?											
		(i) A person who o	directly or indirectly	controls, either alone or	together w	ith person	is describe	ed in (ii)				Yes	No
		and (iii) below,	the governing body	y of the supported organ	ization?	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g()		<u> </u>
		• •	·-	cribed in (i) above? • •	• • • • •		• • • • •	• • • • •	• • • • •	• • • • •	11g(n)	<u> </u>	<u> </u>
		•	•	n described in (i) or (ii) a		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(E	<u></u>	L
<u>h</u>		Provide the following		the supported organization	tion(s).		·						
	(i) N	larne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o		(v) Did y the organ		(vi) organizat	is the		Amount support	of
				above or IRC section	governing o		, -	of your	(i) organiz	zed in the	· ·	- Copposi	
				(see instructions))			 	port?		S?	1		
					Yes	No	Yes	No	Yes	No			
					 	 	<u> </u>	 	 	1			
									ļ				
											1		
					 				 		<u> </u>		
								 			<u> </u>		
						[1		'			
								}					

Part II 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (b) 2006 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 · · · · Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 15 % 15 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		6,120		94,323	18,482	118,925
2			132,481	115,175	141,484	303,682	692,822
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	 					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		138,601	115,175	235,807	322,164	811,747
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
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						
C	Add lines 7a and 7b · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)						811,747
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		138,601	115,175	235,807	322,164	811,747
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	·					
	Add lines 10a and 10b · · · · · · · ·	····	 				
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 assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						811,747
14	First five years. If the Form 990 is for the org organization, check this box and stop here						▶ [X]
	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, c	• •	•			15	0.00 %
16	Public support percentage from 2008 Sched				• • • • • • • • • • • • • • • • • • • •	16	%
<u>Se</u> 17	ction D. Computation of Investme Investment income percentage for 2009 (line			lump (f)		17	0.00 %
18	Investment income percentage from 2008 Sc		-			18	"" %
	33 1/3% support tests - 2009. If the organization is not more than 33 1/3%, check this box	ion did not check	the box on line 14,	and line 15 is more		id line	▶ □
b	33 1/3% support tests - 2008. If the organizal fine 18 is not more than 33 1/3%, check this	ion did not check	a box on line 14 or	line 19a, and line 1	16 is more than 33	1/3%, and	▶□
20	Private Foundation: If the organization did no	-	•	•			• • • • • □

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

YS:	I YOGA STUDIES INSTITUTE INC	58-2678960
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds	
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year - · · · · · · · · · ·	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control? • • • • • • •	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
_	purpose conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Par	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	ally important land area
	Protection of natural habitat Preservation of a certified	historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements · · · · · · · · · · · · · · · · · · ·	- 2a
b	Total acreage restricted by conservation easements	- 2b
С	Number of conservation easements on a certified historic structure included in (a)	· 2c
d	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	- 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	year ,
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense star	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes
	the organization's accounting for conservation easements	Mhan Cimilan Accado
Par	Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ther Similar Assets.
12	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	re sheet works of
1a	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	noe of public service,
h	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance s	heet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide the following amounts relating to these items:	v. pube co. 1100,
	(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 ga	
-	following amounts required to be reported under SFAS 116 relating to these items:	.,
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	⊳ s
ь	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	> \$

Pa	rt III Organizations Maintaining					sets (continued)	_
3	Using the organization's acquisition, accession	, and other records, o	check any of the follo	owing that are a sign	ficant use of its		
	collection items (check all that apply):						
а	Public exhibition	d 🗌 Loa	n or exchange progr	ams			
b	Scholarly research	e 🔲 Oth	er				
C	Preservation for future generations						_
4	Provide a description of the organization's colle	ctions and explain h	ow they further the o	rganization's exemp	purpose in		
	Part XIV.						
5	During the year, did the organization solicit or re	eceive donations of a	art, historical treasure	es, or other similar			
	assets to be sold to raise funds rather than to b	e maintained as part	of the organization's	s collection?	· · <u>· · · · · · · · · · · · · · · · · </u>	· Yes N	do
Pa	rt IV Escrow and Custodial Arra	angements. Con	nplete if organization	answered "Yes" to I	orm 990,		
	Part IV, line 9, or reported an amoun	nt on Form 990, Part	X, line 21.				_
1a	Is the organization an agent, trustee, custodian						
	included on Form 990, Part X? · · · · ·		• • • • • • • • •	• • • • • • • • •	• • • • • • • • •	• Yes N	No
b	If "Yes," explain the arrangement in Part XIV ar	d complete the follow	wing table:				_
					Amo	unt	_
C	Beginning balance				c		_
d	Additions during the year · · · · · · · ·			1.	d		
e	Distributions during the year · · · · · ·			1	•		
f	Ending balance · · · · · · · · · · · · · · · · · · ·				<u> </u>		_
2 a	Did the organization include an amount on For	n 990, Part X, line 21	1?	• • • • • • • • • •	• • • • • • • • • • •	· Yes N	ov
b	If "Yes," explain the arrangement in Part XIV.						_
Pa	t V Endowment Funds. Complete	if the organization a	nswered "Yes" to Fo	rm 990, Part IV, line	10.		_
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years back	
1a	Beginning of year balance						
þ	Contributions · · · · · · · · · · · · · · · · · · ·						
C	Net investment earnings, gains, and losses .						_
đ	Grants or scholarships						_
e	Other expenditures for facilities		•				_
	and programs $\cdots \cdots	_					`
f	Administrative expenses						_
g	End of year balance · · · · · · · · · · · · · · · · · · ·						_
2	Provide the estimated percentage of the year e	nd balance held as:	•	•			_
а	Board designated or quasi-endowment	%					
b	Permanent endowment > %						
C	Term endowment ▶ %						
3a	Are there endowment funds not in the possessi	on of the organizatio	n that are held and a	administered for the			
	organization by:					Yes No	<u>, </u>
	(i) unrelated organizations · · · · · · · ·			• • • • • • • • •		3a(i)	_
	(ii) related organizations	• • • • • • • • •				3a(ii)	_
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on S	Schedule R? • • •			3b	_
4	Describe in Part XIV the intended uses of the o	rganization's endowr	nent funds.				_
Par	rt VI Investments - Land, Buildi	ngs, and Equip	ment. See Form 9	990, Part X, line 10.			_
	Description of investment	(a) Cost or oth	er basis (b) Co	st or other (c)	Accumulated	(d) Book value	_
	•	(unvestme	1	, , ,	lepreciation	(-) 200	
1a	Land · · · · · · · · · · · · · · · · · · ·	• • •					_
b	Buildings	• • •					_
C	Leasehold improvements $\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$	• • •					_
d	Equipment	• • • [_
<u>e</u>	Other · · · · · · · · · · · · · · · · STMD	1E ·					
Total	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X	column (B), line 10	(c)) · · · · ·	• • • • • •		_

YSI YOGA STUDIES INSTITUTE INC

Schedule D (Form 990) 2009

58-2678960

Page 2

(a) Description of liability		(b) Amount	
I income taxes			
			\dashv
-			\neg
			\neg
			
<u> </u>			
(Column (b) must equal Form 990, Part X, cot. (B) line 25.)	▶		!_
	l income taxes	l income taxes	l income taxes

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Scher	Aule D (Form 990) 2009 YSI YOGA STUDIES INSTITUTE INC	58-2678960	Page 4					
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s						
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-					
2	Total expenses (Form 990, Part IX, column (A), line 25)	2						
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3						
4	Net unrealized gains (losses) on investments	4						
5	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	5						
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6						
7	Prior period adjustments	7	·····					
8	Other (Describe in Part XIV.)	8						
9	Total adjustments (net). Add lines 4 through 8	9						
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10						
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return								
1	Total revenue, gains, and other support per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · ·							
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						
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	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						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5						
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return						
1	Total expenses and losses per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities · · · · · · · · · · · · · · · · · 2a	_						
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	_						
С	Other losses · · · · · · · · · · · · · · · · · ·	-						
d	Other (Describe in Part XIV.)	\dashv . \mid						
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e						
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3						
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.)	- 4						
_ C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5						
LPa Com	rt XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b	· · · · · · · · · · · · · · · · · · ·						
	piete this part to provide the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 4, Part IV, lines 1b 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete							
	part to provide any additional information							
1113	part to provide any additional information		·					
_								
_								
_								

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
YSI YOGA STUDIES INSTITUTE INC	58-2678960
01. Form 990 governing body review (Part VI, line 11)	
THE TAX FORMS HAVE BEEN DISTRIBUTED TO ALL BOARD MEMBERS. THEY HAVE APPROVED	THE FILING
OF THE FORMS.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
YSI HAS A CONFLICT OF INTEREST POLICY. IT WAS SUBMITTED WITH OUR FORM 1023 P.	APERWORK AND
IS A COPY OF THE CONFLICT OF INTEREST POLICY THAT IS WRITTEN IN THE INSTRUCTION	ONS FOR FORM
1023. THE POLICY IS STILL IN ITS ORIGINAL FORM AND IS STILL IN EFFECT.	
03. Governing documents, etc, available to public (Part VI, line 19)	·····
GOVERNING DOCUMENTS, ETC, ARE AVAILABLE TO THE PUBLIC.	

	Federal Supportin	g Statements	2009	PG01				
Name(s) as shown on return								
YSI YOGA STUDIES INST	58-	58-2678960						
FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E INVESTMENTS - OTHER								
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK				
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE				
NONE	0			0				
TOTAL	0	0	0	0				

2009 990 **Overflow Statement** Page 1 Name(s) as shown on return FEIN 58-2678960 YSI YOGA STUDIES INSTITUTE INC DONATIONS TO YSI Amount Description 11,232 Ś DONATIONS TOWARD SCHOLARSHIP FUND 7,250 GENERAL DONATIONS 18,482 \$ Total: OTHER PROGRAM EXPENSES Amount Description 79,717 CONTRACT LABOR 788 EQUIPMENT RENTAL 6,749 EVENT FOOD EXPENSE 36 GIFT EXPENSE 119 MUSIC EXPENSE PETTY CASH EXPENSE 1,100 3,181 PRINTING EXPENSE 1,315 SHIPPING EXPENSE 9,318 SUPPLIES EXPENSE 130,120 VENUE RENTAL EXPENSE STAFF MEETING EXPENSE 683 TRANSACTION AND TRANSFER EXPENSE 82 233,208 Total: OTHER MANAGEMENT AND GENERAL EXPENSES Amount Description Ś 840 MEMBERSHIPS <u>32</u> POSTAGE 728 EQUIPMENT 166 SALES TAX 1,240 PROGRAM DEVELOPMENT 6,964 CONTRIBUTIONS 9,970 Total:

STATEMENT ONE

Yoga Studies Institute (YSI) teaches how to achieve the ultimate goal of yoga: a life of love, wisdom, authenticity, fulfillment and purpose. YSI courses teach the yogic path as a lifestyle; a complete daily practice that helps people step into their ultimate selves, while honoring their everyday selves, and show others how to do the same.

YSI manages an independent contractor staff of 25 Yoga experts who teach a curriculum of the oldest known Yogic scriptures. Our staff are all members of an ancient, authentic lineage that traces back 2,500 years. Our trainings incorporate the Tibetan Buddhist, Indian Yogic and Vedentic traditions as well as Kashmir Shivism, translated and presented by prominent scholars and yogis. All our trainings incorporate the latest in developmental psychology, philosophy, and nutrition, ensuring profound, transformational practices that are relevant to modern life.

YSI offers a range of training programs that vary in length and depth and cater to both new and seasoned students and teachers around the world. Courses are offered in person and online. Our programs cover asana, philosophy and meditation instruction, and include many courses that focus solely on philosophy. We also offer technical yoga teachers training through our 300-Hour Teacher Training program and philosophy teacher training through our annual Classics of Yoga Intensive.

STATEMENT TWO

We conducted seminars in the United States and internationally providing instructions in yoga techniques to 2,523 people in 34 separate seminars.

YSI 300-Hour Yoga Teacher Training Program in Tucson, AZ: Our staff and board worked together to create and develop the curriculum and we had 37 students enroll, participate and graduate as teachers, trained thoroughly in yoga practice, scripture, meditation, philosophy and teaching skills. Four staff ran the program and taught all the classes over 20 days of retreat.

Tibetan Heart Yoga Study Retreat in San Pancho, Mexico: 79 students from around the world came to a small fishing village north of Puerto Vallarta, Mexico and gathered to study yoga scriptures for six days. The group volunteered each afternoon in the village, building and repairing structures and playgrounds at an elementary school and clearing a lot for the construction of a new community center in San Pancho.

Bhagavad Gita Study Course in New York, New York: 250 students gathered each night over two weeks to study a new translation of the Bhagavad Gita, a classic Hindu scripture. YSI staff translated the text and taught a verse by verse explanation and commentary. Many in attendance were yoga teachers who live in New York City and came to be trained in the philosophical tradition of yoga.