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Form **990** 

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

0MB No 1545-0047

Open to Public Inspection

<u>A</u>	F	or the	2011 cal	endar year, or tax year beginn	ıng			,	and e	ndıng				
В	Ch	eck if a	pplicable	C Name of organization YOG	A SANGE	ETA, INC					D Employer	dentification i	number	
	] Ad	dress c	hange	Doing Business As							26-1283894			
	Na	me cha	ange	Number and street (or P O box if	mail is not d	elivered to s	treet address)	Room/	suite		E Telephone r	number		
F	;	ial retu	•	1 DUNTING LANE							(600) 000 06	0.4		
⊨	;			1 BUNTING LANE  City or town, state or country, and	1 7ID + 1						(609) 903-26	81		
늗	•	rminate			1 ZIP + 4			0.0				¢		200 540
느	] Am	nended	return	CRANBURY			NJ	08	3512		G Gross receip	NS 5		<u>230,510</u>
L	Αp	plicatio	n pending	F Name and address of principal of	ficer					H(a) is t	his a group returi	1 for affiliates?	Yes	X No
				Srinivasulu Chundu 1 Buntin	ig Lane, C	ranbury,	NJ 08512			H(b) Are	e all affiliates incli	ded?	Yes	No No
- 1	Tax	-exemi	pt status	X 501(c)(3) 501(c) (	) <b>4</b> (a	nsert no )	4947(a)(1	) or [	527	lf."	'No " attach a list	(see instruction	ons)	
<u> </u>					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		<u>,                                  </u>						
				//www yogasangeeta org	<del></del>		<del></del>	-	1	H(c) Gr	oup exemption nu	imber -		
K	For	m of or	ganization	X Corporation Trust	Associatio	n Oth	ner 🕨		L Yea	r of form	ation 2007	M State of le	egal domicile	e <u>NJ</u>
	Рa	rt I	Sui	mmary							-			
		1	Briefly d	escribe the organization's mi	ssion or m	nost signif	ficant activit	ties	Yoga	Sange	eeta promote	s performin	g arts	
			-	on by providing yoga classes		-						'	,4	
	וני						1655551							
1	ē				• • • • • • • • • • • • • • • • • • •	· • • • • • • •			· - <b></b> -				·	
			Ob 1 - 41							050/			·	• • • • • • •
		2		his box  If the organizatio				sea or n	nore tha	an 25% c	its net assets	- 1		•
	ğ	3		of voting members of the go							1	3		3
9	<u> </u>	4		of independent voting memb						1	-	4		3
=1		5		imber of individuals employed			!011 (Part \	/, line 2	2a)			5		0
	{	6	Total nu	imber of volunteers (estimate	of necess	ary)						6		100
ע ⊇		7a	Total un	al unrelated business revenue from Part VIII, column (C), line 12										0
لاست		b	Net unre	elated business taxable incor	ne from Fo	orm 990-1	Γ, line 34				. [	7b		0
7	T										Prior Year		Current Ye	ar
	_ İ	8	Contribu	utions and grants (Part VIII, li	ne 1h)						53.	717		56,071
]	Kevenue	9		n service revenue (Part VIII, I		_					162,			173,783
5	<u> </u>	10	-	ent income (Part VIII, column	•	3 4 and	l 7d)		•			380	-	656
273 1		11		evenue (Part VIII, column (A),				۱۵۱				148		000
3	- 1	12		renue—add lines 8 through 11 (r						<del></del>	216,		<del></del>	230,510
		13						116 12)		<del> </del>	2.10,	0	<del>`</del>	0
	- 1			nts and similar amounts paid (Part IX, column (A), lines 1–3) lefits paid to or for members (Part IX, column (A), line 4)										
		14		its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines 5–10)								0		0
	S	15						es 5–10	)			0		0
	sasuadxa	16a		ional fundraising fees (Part I)				•				0		0
	K	b		ndraising expenses (Part IX,					<u> </u>					
•	١,	17		xpenses (Part IX, column (A)					. Ä		78,	055		252,461
		18	Total ex	penses Add lines 13-17 (mi	ust equal f	Part IX Co	<del>olumn (Α),</del> Τ	ine 25)	3		78,	055		252,461
		19	Revenu	e less expenses. Subtract lin	e 18 frpm	ine 12		Ž			138,	885		-21,951
5	605				776	NOV	1 9 20	12 0	ò	Beginn	ning of Current	fear	End of Yea	ar
2		20	Total as	sets (Part X, line 16)	, 0,	ש טענ ווי	1. 0 20	12 g	<u>S</u>		347,	549		325,598
Ā	ğ Q	21		•	Ü		OENI III		1			0		0
ž	Fund B	22	Net ass	bilities (Part X, line 26) ets or fund balances Subtrac	ct line 21 f	rom ine	MEIV, U	U			347,	549		325,598
		t III	Sig	ınature Block			<del></del>			·				
				ry, I declare that I have examined this	return inclu	ding accome	nanvino schedi	iles and	stateme	ents and	to the best of my	knowledge		
				ect, and complete Declaration of prej										
				11010	<del></del>	· ·	•				1,	15/W	12	
S	ign	1		Signature of officer							Date	15 / 00	1	
Н	ere	•		· ·					חחר	CIDEN				
				SRINIVASULU CHUNDU					PRE	SIDEN	<u> </u>			
				Type or print name and title						- 15-		<del></del>	DTIM	
-	اد : 🏎		Prin	t∕Type preparer's name	Į Pi	reparer's sig	nature			Dat	i i	eck   ıí	PTIN	
	aid		Gra	g McRay	ام	reg McRa	av.			111	I .	<u></u>	P002810	93
Ρ	rep	oarer		· · · · · · · · · · · · · · · · · · ·		iog wich	-1	<u> </u>			1			
U	se	Only	,	n's name ► Foundation Grou	•						Firm's EIN ► 6			
_			Firm	n's address ► 1321 Murfreesbo	ro Pike St	e 610, Na	shville, TN	37217			Phone no (	615) 361-9	<u>445</u>	
M	ay	the IF	RS discus	ss this return with the prepare	er shown a	above? (s	ee instructi	ons)				ſ	X Yes	☐ No

0/1

Form **990** (2011)

1

orm 9	90 (2011)	YOGA SANGEETA, INC 20	6-1283894	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		
1	Briefly d	escribe the organization's mission	,	
	the publi			
2	Did the d	organization undertake any significant program services during the year which were not listed on		
_		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O	162	
_				
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services	·	Yes	X No
		describe these changes on Schedule O		
4	Describe	the organization's program service accomplishments for each of its three largest program services,	as measured	by
	expense	s Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report	the amount of	7
	grants a	nd allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 219,240 including grants of \$ 0 ) (Revenue \$	116	118)
		e musical concerts promoting arts education to the public		
		•••••••		
		•••••••••••••••••••••••••••••••••••••••		
4b	(Code	) (Expenses \$ 11,906 including grants of \$ 0 ) (Revenue \$	2	143)
70	•	d performing arts by offering yoga classes to the public		1145 /
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$		0.)
-	(	, (		
		•••••••••••••••••••••••••••••••••••••••		
	- <b>-</b>			
		•••••••••••••••••••••••••••••••••••••••		
4d	Other pr	ogram services (Describe in Schedule O )		
-	(Expens		0)	
4e		ogram service expenses > 231,146		
		<u></u>		

	Part III	5		Х
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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, 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 assets reported in Part X, line 16? If "Yes" complete Schedule D, Part VII	11b		Х
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	•	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	•	×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 (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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2011)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	<del></del>		<del></del>
	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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			ĺ
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		V
a	to defease any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		<del>  ^-</del>
LJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	234		<del>- ^-</del>
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L. Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	į		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	120-		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	-	X
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	_	<u> </u>
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M .	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			,,
22	If "Yes," complete Schedule N, Part II	32	<del> </del>	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	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	<del>                                     </del>	<del>  ^</del>
-,	III, IV, and V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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," 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? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100	<u> </u>	<del>  ^</del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	<u>L</u>
		Form	990	(2011)

YOGA SANGEETA, INC 26-1283894 Page 5 Part V 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. 1a 이 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. 1c 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 0 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Х 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Х Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a а Х Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b b 11 Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

orm 9	90 (2011) YOGA SANGEETA, INC	26-128		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 throu	gh 7b below, and for	a "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	ges in Schedule O S	ee ins	tructi	ons
	Check if Schedule O contains a response to any question in this Part VI				X
Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 3			
	If there are material differences in voting rights among members of the governing body, or		1		
	If the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onship with	1		
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or und	er the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or o		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization		5		X
6	Did the organization have members or stockholders?		6		X
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?	от арропи	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb	ers	- <u>~</u>		<u> </u>
J	stockholders, or persons other than the governing body?	C13,	7b		х
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during			<del>  ^</del>
Ü	the year by the following	iken duning			
а	The governing body?.		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	$\frac{\hat{x}}{x}$	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached	00		<del></del>
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule 6		9		×
Sact	ion B. Policies (This Section B requests information about policies not required by the				<u></u>
3661	ion B. Folicies (This Section B requests information about policies not required by the	internal Neverlac C	ouc /	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chanters	1		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		
11a			11a	X	<b></b>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	oro ming the room.	ļ		
12a			12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		<del></del>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy?		1.5-		_
•	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and ap	proval by			<del>                                     </del>
	independent persons, comparability data, and contemporaneous substantiation of the deliberati				
а	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)		1.00		<del>                                     </del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angement			
	with a taxable entity during the year? .	angomon	16a		Ιx
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to every	, valuate its	1,00		<del> </del>
-	participation in joint venture arrangements under applicable federal tax law, and take steps to s				
	the organization's exempt status with respect to such arrangements?	anoguana	16b		
Sect	ion C. Disclosure		1.02	1	
17	List the states with which a copy of this Form 990 is required to be filed NJ			•	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 5016	:)(3)s	only)	
-	available 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 documer	nts, 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 boo	oks and records of the	•		
	organization ► SRINIVASULU CHUNDU	(000) 000 0			
	1 BUNTING LANE, CRANBURY, NJ 08512				

Form 990 (2011)										26-12838	94 Page	<u>7</u>
Part VII	Compensation of Officers, Direct Employees, and Independent Co	ontractors		•		•	•			ensated		_
	Check if Schedule O contains a re											_
Section A.	Officers, Directors, Trustees, Key E									<del></del>		
<b>1a</b> Complete organization's	this table for all persons required to be stax year	listed Report c	ompe	ensa	ation	ı for	the o	cale	ndar year endin	g with or within t	the	
of compensa List all List the who received	of the organization's current officers, of tion Enter -0- in columns (D), (E), and of the organization's current key emplor e organization's five current highest column reportable compensation (Box 5 of Folland any related organizations	(F) if no comper oyees, if any So mpensated emp	nsatio ee ins oloyee	on w struc es (c	as potion	oaid ns fo er th	i or del an ar	inıtı off	on of "key empli icer, director, tru	oyee " ustee, or key em	ployee)	
	of the organization's <b>former</b> officers, keeportable compensation from the organ								d employees wh	o received more	than	
<ul> <li>List all organization,</li> </ul>	of the organization's <b>former directors</b> more than \$10,000 of reportable comp n the following order individual trustee:	or trustees that ensation from the	at rec	eive gani	d, ir zatı	n the	e cap and a	acıt ny r	elated organiza	tions.	of the	
compensated	l employees, and former such persons									_		
X Check th	is box if neither the organization nor an	y related organ	ızatıo	n co			ated	any	current officer,	director, or trust	ee 	_
	(A) Name and Title	(B) Average hours per	box office	unles er and	s pe d a d	ition more rson irecte	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
	sulu Chundu	1.00	,		Ţ							_
President (2) Ravikii Secretary	an Anupindi	1.00			X			-	0	0		<u>0</u> 0
(3) Kalı Ra	ау			Г	Ŷ							
Director (4)		1 00	X						0	0		0
(5)												
(6)												_
(7)												
(8)												
(9)												
(10)					$\Box$							_

(12)

P	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees	(co	ntınue	d)	
		<i>,</i>			Pos	C) ition								
	(A) Name and title	(B) Average	box,	unles	ss pe	rson	than one is both	an-	(D) Reportable	(E) Reportabl			(F) limated	
		hours per week					or/trust 호 표	_	compensation from	compensat from relate	ed		ount o other	f
		(describe hours for	divid.	stituti	Officer	Key en	ghes	Former	the organization	organizatio (W-2/1099-M			pensati om the	on
		related organizations	ctor	onal		employee	èe (com		(W-2/1099-MISC)				anizatio 1 relate	
		in Schedule O)	Individual trustee or director	Institutional trustee		ě	Highest compensated employee				ı	orga	ınızatıo	ns
				Ō			ated							
(15)														
(16)														
(17)													-	
(18)		,							i					
(19)														
(20)						ļ								
(21)				-										
(22)					_							<del></del>		
(23)				-										
(24)														
(25)														
1b	Sub-total	<u> </u>	l	J	l	l	l1	<b></b>	0		0			0
C	Total from continuation sheets to Part VII,	Section A						•	0	<del>+</del>	0			0
d	Total (add lines 1b and 1c)  Total number of individuals (including but not	limited to those	lictor	l ab	0.40	) 14th	00 r00	• OIV	od more than \$1	<u> </u>	0			0
	reportable compensation from the organization		iistet	au	0	) <b>v</b> vi	10 160	,eiv	eu more man 5	100,000				
													Yes	No
3	Did the organization list any <b>former</b> officer, diemployee on line 1a? <i>If</i> "Yes," complete Sche					yee	, or h	igh	est compensate	d		3		X
4	For any individual listed on line 1a, is the sum	of reportable co	ompe	nsa	tion	an	d othe	er c	ompensation fro	om				
	the organization and related organizations gre	ater than \$150,	000?	If '	'Yes	s, " c	omple	ete	Schedule J for s	such			I	V
5	Did any person listed on line 1a receive or acc									idividual		4	$\neg \dagger$	_X_
Sec	for services rendered to the organization? If " tion B. Independent Contractors	Yes," complete	Sche	dule	Jf	or s	uch p	ers	son			5		
1	Complete this table for your five highest comp compensation from the organization. Report c year											's tax		
	(A) Name and business add	Iress							(B) Description of se	rvices		(C) Compen		
														0
													_	0
		<u></u> -						<u> </u>					<u> </u>	<u>0</u> 0
									-					0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	nited ►	to t	hose	e lis	ted a	bov	e) who received	i				

#### 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 (R), (C), and (D)	

	Check if Schedule O contains a response to any	guestion in this Par	t IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	. 0			
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22 .	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,				
_	trustees, and key employees .	0	-		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	0			<del></del>
7	Other salaries and wages	U			
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)	0			
	Other employee benefits Payroll taxes	0			
10 11	Fees for services (non-employees)			<del></del>	
''a	Management	o			
b	Legal	7,750	7,750		
	Accounting	1,500	7,750	1,500	
d	Lobbying .	0		1,000	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0		<del></del>	<del></del>
g	Other	21,212	21,212		
12	Advertising and promotion	15,890	15,890		
13	Office expenses	0			· ·
14	Information technology	18,665	2,437	16,228	
15	Royalties	0			
16	Occupancy .	0			
17	Travel	8,042	8,042		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			<del></del>
22	Depreciation, depletion, and amortization	0		0	0
23	Insurance	0			
24	Other expenses Itemize expenses not covered	ĺ			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O)	100 670	100.679		
a	Program Concert Performers, Sound, and Setup Program Service Supplies	109,678	109,678 41,780		
b	Program Service Supplies Program Yoga Setup and Supplies	41,780 11,906	11,906		
c d	Printing & Postage	13,463	12,451	1,012	
	All other expenses Licenses & Miscellaneous	2,575	12,431	2,575	
25	Total functional expenses. Add lines 1 through 24e	252,461	231,146	21,315	0
26	Joint costs. Complete this line only if the	202,701	201,140	21,010	
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

	990 (20	, , , , , , , , , , , , , , , , , , ,		<del></del>	2	6-1283894	Page 11
ΓĊ		Balance Sheet		(A)		(B)	
				Beginning of year		End of y	ear
	1	Cash—non-interest-bearing .		122,023	1	<u>-</u>	112,156
	2	Savings and temporary cash investments	ļ	224,006	2		213,442
	3	Pledges and grants receivable, net		0	3		0
	4	Accounts receivable, net	0	4		0	
	5	Receivables from current and former officers, directors,	trustees, kev				·
	_	employees, and highest compensated employees Com					
		Schedule L	L		5		
	6	Receivables from other disqualified persons (as defined					
		4958(f)(1)), persons described in section $4958(c)(3)(B)$ ,	- ·	}			
		employers and sponsoring organizations of section 501(	c)(9) voluntary				
Assets		employees' beneficiary organizations (see instructions)	<u>_</u>		6		
SS	7	Notes and loans receivable, net		0	7		0
⋖	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges .			9		
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D 10a	1,520				
	ь	Less accumulated depreciation . 10b	1,520	1,520	10c	. <u> </u>	0
	11	Investments—publicly traded securities		0	11		0
	12	Investments—other securities See Part IV, line 11		0	12		0
	13	Investments—program-related See Part IV, line 11	· <u>L</u>	0	_		0
	14	Intangible assets	. [	0	14		0
	15	Other assets See Part IV, line 11	0	15		0	
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	347,549	16		325,598
	17	Accounts payable and accrued expenses .			17		
	18	Grants payable			18		
	19	Deferred revenue .			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of	f Schedule D		21		
es	22	Payables to current and former officers, directors, truste	es, key				
Ξ		employees, highest compensated employees, and disqu	alified				
Liabilities		persons Complete Part II of Schedule L			22		
Ï	23	Secured mortgages and notes payable to unrelated third	d parties	0	23		0
	24	Unsecured notes and loans payable to unrelated third p	arties	0	24		0
	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24)	Complete				
		Part X of Schedule D .		0	25		0
	26	Total liabilities. Add lines 17 through 25		0	26	<del> </del>	0
		Organizations that follow SFAS 117, check here	X and				
Ses		complete lines 27 through 29, and lines 33 and 34.					
aŭ	27	Unrestricted net assets		347,549	27		325,598
Bal	28	Temporarily restricted net assets			28		
<u> </u>	29	Permanently restricted net assets	Ī		29		
בֿי		Organizations that do not follow SFAS 117, check he	2ro • 🗆				
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds			30		
SS	31	Paid-in or capital surplus, or land, building, or equipmen	t fund .		31		
Ā	32	Retained earnings, endowment, accumulated income, of	<b>—</b>		32		
Ž	33	Total net assets or fund balances		347,549			325,598
	34	Total liabilities and net assets/fund balances	F	347,549			325,598

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Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		230,510
2	Total expenses (must equal Part IX, column (A), line 25)	2		252,461
3	Revenue less expenses Subtract line 2 from line 1	3	·	-21 <u>,951</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		347,549
5	Other changes in net assets or fund balances (explain in Schedule O).	5		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	6		325,598
Part				
	Check if Schedule O contains a response to any question in this Part XII .			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		- [	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b	Were the organization's financial statements audited by an independent accountant?		2b	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both			İ
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	l x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	
			Form	990 (2011)

#### SCHEDULE A (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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ►S

► See separate instructions. Inspec

YOGA SANGEETA, INC 26-1283894 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated d Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(ı) A family member of a person described in (i) above? . 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (III) Type of organization (iv) Is the organization (i) Name of supported (a) EIN (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9) in col. (i) listed in your organization in col organization the organization in noggue above or IRC section col (i) of your (i) organized in the governing document? (see instructions)) support? US? Yes No Yes Yes Νo (A) 0 (B) 0 (C) 0 (D) 0 (E) 0

instructions

	100,100	_ ,, ,, ,,				20 120000	7 , ogc =
Par	II Support Schedule for Organizat	ions Describ	ed in Section	ns 170(b)(1)(/	4)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checked the						
	Part III If the organization fails to				•		
Sect	ion A. Public Support	4	,	, p			
	ndar 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 ")	l ol	o	o	o		0
2	Tax revenues levied for the organization's				Ü		<u> </u>
-	benefit and either paid to or expended on						
	its behalf	ol	0	o	0		0
3	The value of services or facilities	<u>~</u>				-	
•	furnished by a governmental unit to the					1	
	organization without charge .	o	0	o	0	1	0
4	Total. Add lines 1 through 3.	0	0		0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit					ŀ	
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						0
Sect	ion B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	0	0		0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,	1					
	rents, royalties and income from similar	1				.	
	sources	l ol	0	l ol	0		0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	0	0	ol	0		0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV).	0	0	o	0		0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	ee instructions	)			12	
13	First five years. If the Form 990 is for the o	rganızatıon's fır	st, second, thii	rd, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						▶
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2011 (line 6, o	column (f) divid	ed by line 11, o	column (f))	-	14	0 00%
15	Public support percentage from 2010 Scheo	lule A, Part II, Ii	ne 14			15	0 00%
16a	33 1/3% support test-2011. If the organiz	ation did not ch	eck the box or	n line 13, and lir	ne 14 is 33 1/3	% or more, che	ck this box
	and stop here. The organization qualifies a	s a publicly sup	ported organiz	ation			▶ 🗌
b	33 1/3% support test-2010. If the organiz	ation did not ch	eck a box on l	ine 13 or 16a, a	ind line 15 is 3	3 1/3% or more	, check this
	box and stop here. The organization qualifi-	es as a publicly	supported org	janization .			▶ 🗌
17a	10%-facts-and-circumstances test—2011 is 10% or more, and if the organization mee						
	Part IV how the organization meets the "faci						
	organization						▶□
b	10%-facts-and-circumstances test—2010	. If the organiza	ation did not ch	neck a box on li	ne 13, 16a. 16	b, or 17a, and I	ine
	15 is 10% or more, and if the organization in	_					
	Part IV how the organization meets the "faci					•	•
	supported organization	•				. ,	. ▶□
18	Private foundation. If the organization did	not check a box	c on line 13, 16	Sa, 16b, 17a, or	17b, check the	s box and see	

#### 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.)

C	if the organization fails to quality un	ider the tests	ilsted below,	please compl	ete Part II.)		
	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2007 T	(h) 2000	(=) 2000	(4) 2010	(a) 2011	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(i) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		172,182	127,516	53,717	56,071	409,486
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		209,500	32,626	162,991	173,783	578,900
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	381,682	160,142	216,708	229,854	988,386
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
С	Add lines 7a and 7b	o	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						988,386
	tion B. Total Support	<del></del>		·			
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	0	381,682	160,142	216,708	229,854	988,386
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources			542	380		922
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	542	380	0	922
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support (Add lines 9, 10c, 11, and 12)	0	381,682	160,684	217,088	229,854	989,308
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, secon	nd, third, fourth,		s a section 501(	c)(3)	► X
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column		e 13, column (f)	 )		15	0 00%
16_	Public support percentage from 2010 Schedule A,					16	0 00%
Sec	tion D. Computation of Investment Inco	me Percenta	age	· · ·			
17 18	Investment income percentage for 2011 (line 10c, Investment income percentage from 2010 Schedul	• •	•	umn (f))		17	0.00% 0.00%
19a	33 1/3% support tests—2011. If the organization			and line 15 is mo	ore than 33 1/3%	, and line 17 is	
b							
	line 18 is not more than 33 1/3%, check this box ar	-	•			_	▶
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶ 🗀

Schedule A (Forn	n 990 or 990-EZ) 2011 YOGA SANGEETA, INC	26-1283894	Page <b>4</b>
Part IV	Supplemental Information. Complete this part to provide the explanations require	d by Part II, line	10.
	Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any addition instructions)		
			•••••
			<b></b>
• • • • • • • • • • • • • • • • • • • •			
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			•••••
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# SCHEDULE D (Form 990)

# **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.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 ► See separate instructions. Inspection

Employer identification number

	A SANGEETA, INC	·	26-1283894
Par		or Advised Funds or Other Similar F	
	the organization answered "Yes" t	o 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 d	onor advisors in writing that the assets he	d in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor	ors, and donor advisors in writing that gra	nt funds can be
	used only for charitable purposes and not for	r the benefit of the donor or donor advisor	, or for any other
	purpose conferring impermissible private be		Yes No
Par	Conservation Easements, Comm	olete if the organization answered "Yes	s" to Form 990, Part IV, line 7
			7 to 1 01111 000, 1 art 17, 1110 1
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g., reci		n of an historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contribu	ition 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 ear	sements	. 2b
С	Number of conservation easements on a ce		2c
d	Number of conservation easements include		
	historic structure listed in the National Regis		2d
3	Number of conservation easements modifie		
	during the tax year ►	-,	
4	Number of states where property subject to	conservation easement is located	
5	Does the organization have a written policy		on, handling of
	violations, and enforcement of the conserva		. Yes No
6	Staff and volunteer hours devoted to monitor		
	<b>&gt;</b>	,g,g,	and the second second
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
	<b>▶</b> \$	mepooning, and omeroning consolitation co	some semigule year
8	Does each conservation easement reported	on line 2(d) above satisfy the requiremen	ts of section
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	on the sign state sensity and requirement	Yes No
9	In Part XIV, describe how the organization r	eports conservation easements in its reve	
	balance sheet, and include, if applicable, the		
	the organization's accounting for conservati		mandar statements that goodhibes
Par		ons of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answere		
10			a rayonya atatamant and balance about
Ia	If the organization elected, as permitted und		
	works of art, historical treasures, or other sin		
<b>L</b>	of public service, provide, in Part XIV, the te		
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other sil		cation, or research in furtherance
	of public service, provide the following amou		
	(i) Revenues included in Form 990, Part VII	ı, ime 1	\$
_	(ii) Assets included in Form 990, Part X		▶ 5
2	If the organization received or held works of		
	following amounts required to be reported u		e items
a	Revenues included in Form 990, Part VIII, II	ne 1	<b>▶</b> \$
b	Assets included in Form 990. Part X.		<b>▶</b> \$

Page	2

Part	III Organizations Maintaining Coll	ections of Art, I	listori	cal Trea	sures, or Of	ther Si	milar Assets	(continued)	)
3	Using the organization's acquisition, access	sion, and other re	cords,	check an	y of the follow	ing that	t are a significa	nt	
	use of its collection items (check all that ap	oply)	_						
а	Public exhibition	d	Ш	Loan c	or exchange p	rogram	s		
b	Scholarly research	е		Other					. <b></b> .
С	Preservation for future generations								
4	Provide a description of the organization's Part XIV	collections and ex	plaın h	ow they	further the org	janizatio	on's exempt pu	rpose in	
5	During the year, did the organization solici assets to be sold to raise funds rather than							Yes	□No
Part	<u></u>								
rait	IV, line 9, or reported an amount			-	Zation answ	ereu i	es to roini t	990, r art	
1a	Is the organization an agent, trustee, custo				tributions or o	ther as	sets not		
ıa	included on Form 990, Part X? .	Julan of Other linter	mediai		iti ibutions or c			Yes	Πnο
b	If "Yes," explain the arrangement in Part X	IV and complete t	he follo	wing tab	le	•	•		
				<b>J</b>				Amount	
С	Beginning balance					1c			0
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			0
2a b	Did the organization include an amount or If "Yes," explain the arrangement in Part X		, line 2	17				Yes _	X No
Part			n ansv	vered "Y	es" to Form	990, P	art IV, line 10	)	-
		) Current year	(b) Prior		(c) Two years b		d) Three years back		ars back
1a	Beginning of year balance	0							
b	Contributions								
С	Net investment earnings, gains,								
	and losses				·····				
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs .							<del></del>	
f	Administrative expenses	0				0		o	
g 2	End of year balance  Provide the estimated percentage of the c	<u></u>	lance		column (a)) he			<u> </u>	<del></del>
a	Board designated or quasi-endowment	• • • • • • • • • • • • • • • • • • •	%	(iiiie ig, (	column (a)) ne	iu as			
b	Permanent endowment	%	- 202						
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c sl								
3a	Are there endowment funds not in the pos	session of the org	anızatı	on that a	re held and ac	dministe	ered for the		
	organization by							Ye	s No
	(i) unrelated organizations .						-	3a(i)	
_	(ii) related organizations		•					3a(II)	
b	If "Yes" to 3a(II), are the related organizati	•						3b	
4	Describe in Part XIV the intended uses of								
Part									
	Description of property	(a) Cost or other to (investment)			st or other s (other)	٠,,	preciation	(d) Book v	alue
1a	Land		0		0				0
b	Buildings .		0		0		0		0
C	Leasehold improvements		0		0		0		0
d	Equipment .		0		1,520		1,520		0
<u>e</u> Tota	Other I. Add lines 1a through 1e (Column (d) mu	st equal Form 000		Y colum		-1 )	0		0
TOTA	i. Aud imes ra uniough re (Column (a) mu	sı eyual Follli 990	, ran /	x, coluint	, ( <i>b)</i> , iiile 10(0	11			<u> </u>

Part VII Investr	nents—Other Securitie	s. See Form 990, Part X,	line 12	
(including na	security or category ime of security)	(b) Book value	(c) Method of val Cost or end-of-year r	
(1) Financial derivatives		0		······································
(2) Closely-held equity in		0		
(3) Other		0		<del></del>
(A)		0		
(B)		0	<del></del>	<del></del>
(C)		0		<del></del>
(D)		0		<del></del>
(E)		0		
(F) (G)		0		<del></del>
(H)		0	- · · · · · · · · · · · · · · ·	
<u>(I)</u>		0		
Total (Column (b) must equal Form	990 Part X, col (B) line 12)	0		
Part VIII Investr	nents-Program Relate	ed. See Form 990, Part X	, line 13	
(a) Description	of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)		0		
(2)		. 0		
(3)		0		
(4)		0		
(5)		0		<del></del>
<u>(6)</u> (7)		0		
(8)		0		
(9)		0		
(10)		0		
Total (Column (b) must equal Form	1 990, Part X col (B) line 13 )	0		
Part IX Other	Assets. See Form 990, I	Part X, line 15		
	(6	a) Description		(b) Book value
(1)		·		0
(2)				0
(3)				0
(4)				0
(5)				0
(6)		·		0
(8)				0
(9)			·	0
(10)				0
Total. (Column (b) mus	t equal Form 990, Part X, c	col (B) line 15 )	<b>&gt;</b>	0
Part X Other	Liabilities. See Form 99	0, Part X, line 25		
1. (a) Desc	ription of liability	(b) Book value		
(1) Federal income tax	es	0		
(2)	·	0		
(3)		. 0		
(4)		0		
(5)		0		
<u>(6)</u> (7)		0		
(8)		0		
(9)		0	•	
(10)		0		
(11)		0		
Total (Column (b) must equal Form	n 990 Part X, col (B) line 25)	0	i	

2. FIN 48 (ASC 740) 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 (ASC 740)

Sched	ule D (Form 990) 2011			Page <b>4</b>
Par	Reconciliation of Change in Net Assets from Form 99	0 to Audited F	inancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	0
2	Total expenses (Form 990, Part IX, column (A), line 25).		2	0
3	Excess or (deficit) for the year Subtract line 2 from line 1	•	3	0
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	0
10	Excess or (deficit) for the year per audited financial statements. Combine	lines 3 and 9	10	0
Par	Reconciliation of Revenue per Audited Financial State	ements With R	evenue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	<del></del> -
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	; · .	. 3	0
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)	4b		
С	Add lines 4a and 4b .		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12)	5	0
Par	t XIII Reconciliation of Expenses per Audited Financial Sta	tements 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 .	. 2b		
С	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	0
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, II	ne 18 )	5	0
Par	t XIV Supplemental Information			
and	plete this part to provide the descriptions required for Part II, lines 3, 5, and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, ar part to provide any additional information			
		. <b> </b>		

Schedule D (Form	990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
•		•••••••
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

YOGA SANGEETA, INC 26-1283894 Form 990 Part VI Section B Line 11 The board receives a copy of the 990 for review Form 990 Part VI Section C Line 19 The organization makes its forms, policies, and financial information available upon request

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
YOGA SANGEETA, INC	26-1283894
••••••	
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