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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization YAPLUS DBA YOGA ALLIANCE
Number and street (or P O box, if mail is not delivered to street address) Room/suite 1701 CLARENDON BOULEVARD NO 100
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209

D Employer identification number

38-3849013

E Telephone number

(571) 482-3355

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.YOGAALLIANCE.ORG

J Tax-exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 173,230

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 124,638, 9,158, 39,434, 173,230, 367,448, 141,862, 15,994, 22,180, 400,363, 947,847, -774,617, -347,041, 0, -1,121,658.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	100,000	22	266,865
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	100,000	25	266,865
26 Total liabilities (describe in Schedule O)	447,041	26	1,388,523
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-347,041	27	-1,121,658

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

YOGA ALLIANCE'S MISSION IS TO SPREAD THE POWER OF YOGA, ONE PERSON AT A TIME

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 YOGA ALLIANCE IS A 501(C)(6) PROFESSIONAL AND TRADE ASSOCIATION MEMBER BENEFITS AND SERVICES ARE PROVIDED THROUGH YOGA ALLIANCE, INCLUDING OUR CONFERENCE, MEMBER PERKS AND ONLINE WORKSHOPS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	758,676
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	758,676

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of <u>BARBARA DOBBERTHIEN</u> Telephone no <u>(571) 482-3355</u> Located at <u>1701 CLARENDON BOULEVARD NO 100 ARLINGTON, VA</u> ZIP + 4 <u>22209</u>		
b	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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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 Here: Signature of officer (*****), Date (2014-09-03), Type or print name and title (BARBARA DOBBERTHIEN COO)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name (GELMAN ROSENBERG & FREEDMAN), Firm's EIN (52-1392008), Firm's address (4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 208142930), Phone no (301) 951-9090

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

Additional Data

Software ID:
Software Version:
EIN: 38-3849013
Name: YAPLUS DBA YOGA ALLIANCE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BRANDON HARTSELL CHAIR	4 00	0	0	0
LINDA ROWE VICE CHAIR	1 00	0	0	0
LYNN BUSHNELL SECRETARY	1 00	0	0	0
ANDREW TANNER TREASURER	1 00	0	0	0
MARGIE DEUTSCH LASH DIRECTOR	1 00	0	0	0
ARUN TILAK DIRECTOR	1 00	0	0	0
GYANDEV MCCORD DIRECTOR	1 00	0	0	0
ROGER RIPPY DIRECTOR	1 00	0	0	0
KERRY MAIORCA DIRECTOR	1 00	0	0	0
RICHARD KARPEL PRESIDENT & CEO	10 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
YAPLUS DBA YOGA ALLIANCE

Employer identification number

38-3849013

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION ROYALTIES AMOUNT 39,434
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ADVERTISING AND PROMOTION AMOUNT 45,934 DESCRIPTION BANK CHARGES AND MERCHANT FEES AMOUNT 18,973 DESCRIPTION SUPPLIES AMOUNT 7,139 DESCRIPTION EQUIPMENT RENTAL AMOUNT 1,011 DESCRIPTION TELEPHONE AMOUNT 5,395 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 895 DESCRIPTION LICENSES & PERMITS AMOUNT 57 DESCRIPTION OTHER OFFICE EXPENSES AMOUNT 3,272 DESCRIPTION TRAVEL, MEETING AND CONVENTIONS AMOUNT 46,527 DESCRIPTION CONFERENCES, CONVENTIONS AND MEETINGS AMOUNT 266,354 DESCRIPTION INSURANCE AMOUNT 1,325 DESCRIPTION INTEREST AMOUNT 3,481 TOTAL TO FORM 990-EZ, LINE 16 400,363
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION DUE TO YOA ALLIANCE REGISTRY BEG OF YEAR AMOUNT 447,041 END OF YEAR AMOUNT 1,357,377 DESCRIPTION ACCOUNTS PAYABLE AND ACCRUED LIABILITIES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,692 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 29,454
FORM 990-EZ, PART V, LINE 33	YOGA ALLIANCE REGISTRY, A RELATED ORGANIZATION, TRANSFERRED THE CONFERENCE ACTIVITY TO YOGA ALLIANCE