

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	
	YOGA ALLIANCE REGISTRY 1560 WILSON BOULEVARD NO. 700 ARLINGTON, VA 22209
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Α	For the 2020 calendar year, or tax year beginning and ending						
В	Check if applicable:	C Name of organization		D Employer identific	cation number		
	Address	VOGA ALLIANCE REGISTRY					
	Name change	YOGA ALLTANGE EQUINDANTON		94-30795	24		
	Initial		Room/suite	E Telephone number			
	Final return/		700	(571)482			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,159,821.		
	Amende	arlington, VA 22209		H(a) Is this a group re	turn		
	Applica tion pending	F Name and address of principal officer: SHANNON ROCHE SAME AS C ABOVE		for subordinates H(b) Are all subordinates in	? Yes X No		
T	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions		
		WWW.YOGAALLIANCE.ORG		H(c) Group exemption			
κ	Form of a	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year		State of legal domicile: WA		
P	art I	Summary		·			
e	1 E	Briefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.			
Activities & Governance	_						
erné		Check this box $ig > \hfill \square$ if the organization discontinued its operations or dispo					
0 V		Number of voting members of the governing body (Part VI, line 1a)			12		
.∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			12		
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a) \ldots			0		
iţ		Total number of volunteers (estimate if necessary)			12		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	bN	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
ue		Contributions and grants (Part VIII, line 1h)	135,133.	85,926.			
Revenue		Program service revenue (Part VIII, line 2g)		625,884.	0. 479,998.		
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		025,004.	1,423.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		761,017.	567,347.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	181,000.	528,000.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	·	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		546,634.	608,081.		
Expenses	15 5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.000		
ben		Total fundraising expenses (Part IX, column (A), line 11e)	0.				
Ă	17 0	Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		583,921.	828,549.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,311,555.	1,964,630.		
		Revenue less expenses. Subtract line 18 from line 12		-550,538.	-1,397,283.		
Or				ginning of Current Year	End of Year		
Net Assets or Fund Balances	20 T	Fotal assets (Part X, line 16)		16,152,315.	15,277,745.		
Ass	21 T	Total liabilities (Part X, line 26)		194,108.	146,283.		
Ret	22 N	Net assets or fund balances. Subtract line 21 from line 20		15,958,207.	15,131,462.		
	art II	Signature Block					
Unc	ler penalt	ties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, 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 w	hich preparer	has any knowledge.			
Sig	in	Signature of officer		Date			
He			FINANC	E			
		Type or print name and title					
_		Print/Type preparer's name Preparer's signature		Date Check			

	Trink Type preparer S traine	
Paid	RICHARD J. LOCASTRO, CPA Rectand b. Locaste	11/18/21 ^{if} self-employed P00288314
Preparer	Firm's name 🕞 GELMAN, ROSENBERG' & FREEDMAN	Firm's EIN ► 52-1392008
Use Only	Firm's address 50 MONTGOMERY AVE SUITE 800N	
	BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)

	1990 (2020) YOGA ALLIANCE REGISTRY	94-3079524 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: YOGA ALLIANCE FOUNDATION LEVERAGES YOGA FOR SOCIAL IM	
	AN EXPANSIVE, ACCESSIBLE, AND EQUITABLE YOGA COMMUNITY	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
•	If "Yes," describe these new services on Schedule O.	es? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," 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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported.	· · · · ·
4a	(Code:) (Expenses \$ 1,181,893. including grants of \$ 528,000.) (R	evenue \$)
	THE YOGA ALLIANCE FOUNDATION LEVERAGES YOGA FOR SOCIAL	
	AN EXPANSIVE, ACCESSIBLE, AND EQUITABLE YOGA COMMUNITY INITIATIVES IN THE FOLLOWING AREAS: BROADENING ACCESS	
	POTENTIAL; FOSTERING GREATER EQUITY AND MORE DIVERSE I	
	WITHIN THE YOGA COMMUNITY; AND EXPANDING EDUCATIONAL,	
	ECONOMIC OPPORTUNITIES FOR YOGA TEACHERS. OUR APPROACH	
	SUSTAINABILITY AND AMPLIFICATION OF WORK THAT IS IN A	
	MISSION, LED BY OTHER YOGA ORGANIZATIONS AND YOGA PRO	FESSIONALS WITH
	EXPERTISE IN THESE AREAS.	
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$
		,,
40		
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4d		X
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,181,893.)
		Form 990 (2020)
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	──
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		- 25
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
•	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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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 and XII	12a		Х
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 and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	1
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Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 \$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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	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 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		37	
	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			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	х	
	(gambling) winnings to prize winners?	1c	 990 (
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Form 990	(2020)	YOGA	ALLIANCE	REGISTRY	
Part V	State	ments Regardin	g Other IRS F	ilings and Tax	Compliance (continued)

		_	Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 0					
b	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 <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50				
	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 as charitable contributions?	6a		х		
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).					
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		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	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 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h				
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
o	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A					
9	sponsoring organization have excess business holdings at any time during the year? N/A Sponsoring organizations maintaining donor advised funds.	8				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	120				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A Note: See the instructions for additional information the organization must report on Schedule O.	13a				
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
5	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2020)

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Form 990) (2020)
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YOGA ALLIANCE REGISTRY

Part VI 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					-
			1.0		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent		12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with any othe	r			ŀ
	officer, director, trustee, or key employee?			2		L
3	Did the organization delegate control over management duties customarily performed by or under	the direct superv	ision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		L
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 was filed?		4		L
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?		5		ļ
6	Did the organization have members or stockholders?			6		ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or				l
	more members of the governing body?			7a		l
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					l
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	year by the following	g:			ſ
	The governing body?			8a	Х	ſ
b	Each committee with authority to act on behalf of the governing body?			8b	Х	T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					t
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		l
ec	tion B. Policies (This Section B requests information about policies not required by the Internal					
					Yes	I
0a	Did the organization have local chapters, branches, or affiliates?			10a		Ī
	If "Yes," did the organization have written policies and procedures governing the activities of such					t
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		I
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					t
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					t
-	in Schedule O how this was done			12c	х	I
3	Did the organization have a written whistleblower policy?			13	Х	t
4	Did the organization have a written document retention and destruction policy?			14	X	t
4 5	Did the process for determining compensation of the following persons include a review and appro					t
5						I
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			15a		l
	The organization's CEO, Executive Director, or top management official					ł
a	Other officers or key employees of the organization			15b		┟
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	omont				I
оа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			40		l
	taxable entity during the year?			16a		╞
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		ion			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			401		l
	exempt status with respect to such arrangements?			16b		1
	tion C. Disclosure	. 0				
7	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE				A . •	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-1 (Secti	on 501(c)(3)s only	r) avai	12
	for public inspection. Indicate how you made these available. Check all that apply.		N			
_		in on Schedule C	,		-	
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interes	st policy, an	d finar	ncial	
	statements available to the public during the tax year.					
0	State the name, address, and telephone number of the person who possesses the organization's to	books and record	s 🕨			
	JOCELYN PRUDENCIO - (571)482-3337	000 0100				
	1560 WILSON BOULEVARD, STE 700, ARLINGTON, VA 22	209-2408				_
2006	3 12-23-20			Form	990	(
	6			-		
41	118 745960 39848 2020.05000 YOGA ALLIANCE	REGISTRY	•	398	348	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors				

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week					171113	(66)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	truste	al trus		yee	mper				and related
	below	ndividual trustee or director	nstitutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) SHANNON ROCHE	3.60									
PRESIDENT AND CEO	36.40			Х				0.	268,941.	34,544.
(2) ERIN VENNIE	0.40									
SENIOR VICE PRESIDENT OF MEMBERSHIP	39.60				Х			0.	191,475.	34,755.
(3) KRISTINA GRAFF (SEE SCHEDULE O)	40.00									
MANAGING DIR. OF YOGA ALLIANCE FDN.	0.00				Х			0.	203,620.	15,905.
(4) KRISHNA YENDLURI	4.00									
VICE PRESIDENT OF IT	36.00				Х			0.	187,732.	10,527.
(5) JOCELYN PRUDENCIO	6.00									
VICE PRESIDENT OF FINANCE	34.00				Х			0.	163,293.	32,858.
(6) CATHERINE MARQUETTE	2.00									
VP OF MARK. & COMMS. (UNTIL 05/2020)	38.00				Х			0.	178,524.	13,507.
(7) MARCUS WADE	5.20									
VICE PRESIDENT OF PEOPLE & CULTURE	34.80				Х			0.	157,899.	19,211.
(8) KRISHNA PILLAI	4.00									
APPLICATION DEV & DEVOPS DIRECTOR	36.00					Х		0.	148,989.	8,896.
(9) HILARY MUGHLOO	3.20									
CHIEF OF STAFF	36.80					Х		0.	121,362.	35,488.
(10) ANDREAS ENGEL	4.00									
CREATIVE DIRECTOR	36.00					Х		0.	132,540.	20,629.
(11) KERRY MAIORCA	5.00								_	_
BOARD CHAIR	5.00	Х		Х				0.	0.	0.
(12) TERRI MCDERMOTT	3.00								_	
VICE CHAIR	3.00	Х		Х				0.	0.	0.
(13) MARION "MUGS" MCCONNELL	3.00								_	
SECRETARY	3.00	Х		Х				0.	0.	0.
(14) ARUN TILAK	3.00								_	_
TREASURER	3.00	Х		Х				0.	0.	0.
(15) SWAMI ASOKANANDA	3.00								_	_
BOARD MEMBER	3.00	Х						0.	0.	0.
(16) DAVID PRYOR JR.	3.00									_
BOARD MEMBER	3.00	Х						0.	0.	0.
(17) STAFFAN ELGELID	3.00									_
BOARD MEMBER	3.00	Х						0.	0.	0.
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2020.05000 YOGA ALLIANCE REGISTRY

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Part VII Section A. Officers, Director	s, Trustees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) (B) (C) (D)							(E)			(F)			
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	;	Es	stimate	эd
	hours per	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensatio			nount	of
	week (list any							_ from	from related			other	tion
	hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MI			ipensa rom the	
	related	ee or (stee			nsated		(W-2/1099-MISC)	(** 2/1000 1/10	50)		anizat	
	organizations	trust	Institutional trustee		yee	Highest compensated employee					Ŭ Ŭ	, d relat	
	below	vidual	tutior	er	Key employee	lest c	ner				orga	anizati	ons
	line)	lndi	Inst	Officer	Key	High	Бп						
(18) LESLIE SALMON JONES	3.00												•
BOARD MEMBER	3.00	X						0.		0.			0.
(19) SARAHJOY MARSH	3.00												•
BOARD MEMBER	3.00	X						0.		0.	<u> </u>		0.
(20) SARASWATHI VASUDEVAN	3.00									~			•
BOARD MEMBER	3.00	X						0.		0.	<u> </u>		0.
(21) JO-ANN BANCE	3.00							•		~			~
BOARD MEMBER	3.00	X						0.		0.	<u> </u>		0.
(22) THIERRY CHIAPELLO	3.00							•		~			~
BOARD MEMBER	3.00	X						0.		0.	 		0.
											<u> </u>		
											<u> </u>		
											 		
								0	1 754 2	75	20	<u> </u>	<u> </u>
1b Subtotal								0.	1,754,3		44	6,3	
c Total from continuation sheets to								0.		0.		<u> </u>	$\frac{0}{20}$
d Total (add lines 1b and 1c)								0.			22	6,3	20.
2 Total number of individuals (includin	-	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportab	le			•
compensation from the organization												No.	0
										I		Yes	No
3 Did the organization list any former	, ,		key e	emp	loye	e, o	r hig	phest compensated emp	oloyee on				v
line 1a? If "Yes," complete Schedule											3		X
4 For any individual listed on line 1a, is									the organization			x	
and related organizations greater the											4	~	
5 Did any person listed on line 1a rece	•							•		3			v
rendered to the organization? If "Yes Section B. Independent Contractors	s," complete Schedul	e J 1	or si	ıch	pers	son .					5		X
•									<u></u>				
1 Complete this table for your five high										npens	ation	rom	
the organization. Report compensat		ear	enai	ng v	vitn	or w	ritnir I		year.				
	(A) Jsiness address	M	ONE	7				(B) Description of s	ervices	C)) Compe	ر. Insatio	n
		TA		-			-	Becomption of a					
							_						
							_						
2 Total number of independent contra	ictors (including but n	not li	mite	d to	tho	se lie	ster	above) who received a	ore than				
\$100,000 of compensation from the				2.0		0							
	J										_	_	

032008 12-23-20

Form	ו 99	0 (2	2020) YOG	A ALLIAN	ICE	REGISTRY	Y		94-3079	524 Page 9
Ра	rt \	/111	Statement of Rev	venue						
			Check if Schedule O c	ontains a respo	onse o	r note to any lin	e in this Part VIII			X
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b						
ts, (Am		С	Fundraising events	1c						
Gif		d	Related organizations	1d						
ns, Sim			Government grants (contri							
er (f	All other contributions, gifts, g							
Oth			similar amounts not included a			85,926.				
u du		-	Noncash contributions included in I				85,926.			
0.		<u> </u>	Total. Add lines 1a-1f			Business Code	03,520.			
ė	2	а			H					
e rvic	_	b								
Se		с			— F					
ram leve		d			— r					
Program Service Revenue		е								
д.			All other program service r		_					
			Total. Add lines 2a-2f							
	3		Investment income (includi	•			419,040.			419,040.
	4		other similar amounts)				419,040.			419,040.
	4 5		Royalties		•					
	5			(i) Real		(ii) Personal				
	6	а	Gross rents	6a						
	_			6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)			►				
	7	а	Gross amount from sales of	(i) Securiti		(ii) Other				
			· · ·	_{7a} 653,43	32.					
đ		b	Less: cost or other basis							
evenue				7b 592,47 7c 60,95	4 •					
Seve			· · · · · · · · · · · · · · · ·				60,958.			60,958.
erF	0		Net gain or (loss) Gross income from fundraisin				00,550.			00,550.
Other	0	a		of						
-			contributions reported on I							
			Part IV, line 18		8a					
		b	Less: direct expenses		8b					
		С	Net income or (loss) from f	undraising ever	nts	►				
	9	а	Gross income from gaming	-						
			Part IV, line 19		9a					
			Less: direct expenses		9b					
	10		Net income or (loss) from g		s	▶				
	10	а	Gross sales of inventory, le		100					
		h	and allowances Less: cost of goods sold		10a					
			Net income or (loss) from s							
<i>(</i>)		<u> </u>				Business Code				
a	11	а	OTHER REVENUE		F	900099	1,423.			1,423.
Miscellaneous Revenue		b								
cell		с								
Mis			All other revenue							
_			Total. Add lines 11a-11d				1,423.			
	12		Total revenue. See instruction	ns		🕨	567,347.	0.	0.	481,421.
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YOGA ALLIANCE REGISTRY

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9

YOGA ALLIANCE REGISTRY 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).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	se or note to any line in (A)	(B)	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	E 2 8 0 0 0			
-	and domestic governments. See Part IV, line 21	528,000.	528,000.		
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	330,976.	207,556.	123,420.	
6	Compensation not included above to disqualified		,		
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	196,394.	105,989.	90,405.	
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	7,150.	3,808.	3,342.	
9	Other employee benefits	45,255.	25,131.	20,124.	
10	Payroll taxes	28,306.	16,721.	11,585.	
11	Fees for services (nonemployees):				
а	Management				
	Legal	12,601.	12,601.		
	Accounting	22,575.	13,335.	9,240.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	33,537.		33,537.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	257,040.	257,040.		
12	Advertising and promotion	1,567.	1,567.		
13	Office expenses	1,015.	760.	255.	
14	Information technology	534.	534.	140.000	
15	Royalties	148,322.		148,322.	
16	Occupancy	10 820		4 050	
17	Travel	12,738.	7,879.	4,859.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10	10		
19	Conferences, conventions, and meetings	18.	18.		
20					
21	Payments to affiliates				
22 00	Depreciation, depletion, and amortization				
23	Insurance Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COST SHARE AGREEMENT	337,210.		337,210.	
a b	MISCELLANEOUS	970.	573.	397.	
0	DUES AND SUBSCRIPTIONS	322.	322.		
d	MERCHANT FEES	100.	59.	41.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,964,630.	1,181,893.	782,737.	0
26	Joint costs. Complete this line only if the organization	· ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

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10 2020.05000 YOGA ALLIANCE REGISTRY

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		Dalance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			496,665.	1	83,566.
	2	Savings and temporary cash investments			4,242,411.	2	3,852,514.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,289.	4	10,904.
	5	Loans and other receivables from any current or	r former	officer, director,			
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ns		5	
	6	Loans and other receivables from other disquali	ified per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec [.]	tion 4958(c)(3)(B)		6	
ets.	7	Notes and loans receivable, net		7			
Assets	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					
	b	Less: accumulated depreciation			F 400 025	10c	
	11	Investments - publicly traded securities			5,489,935.	11	6,263,278.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			5,909,015.	14	<u> </u>
	15	Other assets. See Part IV, line 11			16,152,315.	15	5,067,483. 15,277,745.
	16	Total assets. Add lines 1 through 15 (must equ	48,751.	16	10,006.		
	17	Accounts payable and accrued expenses		17	10,000.		
	18	Grants payable		18 19			
	19 20	Deferred revenue				20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I				20	
s	22	Loans and other payables to any current or form				21	
Liabilities	~~	trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of the				22	
Ľ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			145,357.	25	136,277.
	26	Total liabilities. Add lines 17 through 25			194,108.	26	146,283.
		Organizations that follow FASB ASC 958, che	eck here				
Ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			15,958,207.	27	15,131,462.
I Ba	28	Net assets with donor restrictions		<u>.</u>		28	
nnc		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 🗌			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec	quipmen	t fund		30	ļ
ît A:	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			15,958,207.	32	15,131,462.
	33	Total liabilities and net assets/fund balances			16,152,315.	33	15,277,745.

Form 990 (2020)

YOGA ALLIANCE REGISTRY

Part X Balance Sheet

Form **990** (2020)

Form	990 (2020) YOGA ALLIANCE REGISTRY	94-30)79524	Pag	ge 12						
Pa	rt XI Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>									
					. –						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	56	<u>/,3</u>	<u>47</u> .						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,964								
3	Revenue less expenses. Subtract line 2 from line 1	-1,397									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	15,958									
5	Net unrealized gains (losses) on investments	5	570),5	38.						
6	Donated services and use of facilities	6									
7	Investment expenses	7									
8	Prior period adjustments	8									
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,										
	column (B))	10	15,131	.,4	62.						
Pa	Part XII Financial Statements and Reporting										
	Check if Schedule O contains a response or note to any line in this Part XII										
				Yes	No						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule										
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a									
	separate basis, consolidated basis, or both:										
	Separate basis Consolidated basis Both consolidated and separate basis										
b	· · · · · · · · · · · · · · · · · · ·		2 b	Х	<u> </u>						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,									
	consolidated basis, or both:										
	Separate basis X Consolidated basis Both consolidated and separate basis										
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th		2c	x							
	review, or compilation of its financial statements and selection of an independent accountant?										
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch										
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			37						
	Act and OMB Circular A-133?		3 a		X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ										
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L						

Form **990** (2020)

032012 12-23-20

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SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

	2020
	Open to Public Inspection
۱	identification number

OMB No. 1545-0047

Name of the orga	anization
------------------	-----------

Nam	e of t	the organization							identification number			
_			ALLIANCE						4-3079524			
Pa	rtl	Reason for Public (Charity Status.	(All organizations must c	omplete tl	his part.) S	see instructior	ıs.				
The o	organ	ization is not a private found										
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(*	1)(A)(i).					
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).					
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit descrik	oed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(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). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	, and state o	f the colleg	e or			
		university:										
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from			
		activities related to its exen										
		income and unrelated busir										
		See section 509(a)(2). (Cor		· · · ·		·		•				
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to c	arry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in			
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.				
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving			
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting										
		organization. You must o	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,			
		its supported organization	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness			
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	, and Part	V .					
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.						
f	Ente	er the number of supported o	organizations									
g	Prov	vide the following information		ed organization(s).								
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	inization listed	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
Гota												

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2020.05000 YOGA ALLIANCE REGISTRY

Schedule A (Form 990 or 990 EZ) 2020 YOGA ALLIANCE REGISTRY

94-3079524 Page 2

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 or if the organization failed to qualify under Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	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)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	here			-		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the c	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	I			▶∟
b	33 1/3% support test - 2019. If the c	rganization did no	ot check a box on	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2020. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported o	organization		
b	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	ind see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

18041118 745960 39848

Schedule A (Form 990 or 990 EZ) 2020 YOGA ALLIANCE REGISTRY

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	69,883.	69,957.	373,540.	135,133.	85,926.	734,439.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,546,975.	5,087,911.				9,634,886.
3	Gross receipts from activities that	, , ,	, , -				, , -
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	4,616,858.	5,157,868.	373,540.	135,133.	85,926.	10,369,325.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	536.	100.	300,036.			300,672.
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						0
_	amount on line 13 for the year	536.	100.	300,036.			0. 300,672.
	Add lines 7a and 7b	550.	100.	500,050.			10,068,653.
	Public support. (Subtract line 7c from line 6.)						10,000,055.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	4,616,858.	5,157,868.	373,540.	135,133.	85,926.	10,369,325.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	126,195.	258,309.	472,339.	495,748.	419,040.	1,771,631.
h	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	126,195.	258,309.	472,339.	495,748.	419,040.	4 554 624
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	120,195.	230,309.	472,339.	495,740.	419,040.	1,771,631.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,164.				1,423.	19,587.
13	Total support. (Add lines 9, 10c, 11, and 12.)	4,761,217.	5,416,177.	845,879.	630,881.	506,389.	12,160,543.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2020 (line 8, column (f), d	livided by line 13,	column (f))		15	82.80 %
	Public support percentage from 2019					16	89.40 %
Sec	ction D. Computation of Inve	stment Incom	e Percentage			· · ·	
17	Investment income percentage for 20)20 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	14.57 %
	Investment income percentage from					18	8.68 %
1 9a	33 1/3% support tests - 2020. If the	-					
	more than 33 1/3%, check this box a						►X
b	33 1/3% support tests - 2019. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
03202	23 01-25-21			15	Sch	edule A (Form 990	or 990-E∠) 2020

18041118 745960 39848

2020.05000 YOGA ALLIANCE REGISTRY

Schedule A (Form 990 or 990-EZ) 2020 YOGA ALLIANCE REGISTRY

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

18041118 745960 39848

16 2020.05000 YOGA ALLIANCE REGISTRY 10b

Part IV Supporting Organizations (continued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
~	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section (C. 1	Type II	Supporting	Organizations	

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during	g the	yea(see instructions)).
---	--	-------	-----------------------	----

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported	a governmental entity	. Describe in Part VI how	you supported a govern	mental entity (see instructions).
---	--	----------------------------	-----------------------	---------------------------	------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

18041118 745960 39848

2020.05000 YOGA ALLIANCE REGISTRY

17

39848 1

No

Yes

2a

2b

За

3b

Schedule A (Form 990 or 990-EZ) 2020 YOGA ALLIANCE REGISTRY

 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adju	sted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-te	erm capital gain	1		
2 Recoveries	of prior-year distributions	2		
3 Other gross	s income (see instructions)	3		
4 Add lines 1	through 3.	4		
5 Depreciatio	n and depletion	5		
6 Portion of c	perating expenses paid or incurred for production or			
collection o	f gross income or for management, conservation, or			
maintenanc	e of property held for production of income (see instructions)	6		
7 Other expe	nses (see instructions)	7		
8 Adjusted N	let Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mini	mum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate	fair market value of all non-exempt-use assets (see			
instructions	s for short tax year or assets held for part of year):			
a Average mo	onthly value of securities	1a		
b Average mo	onthly cash balances	1b		
c Fair market	value of other non-exempt-use assets	1c		
d Total (add	lines 1a, 1b, and 1c)	1d		
e Discount c	laimed for blockage or other factors			
(explain in c	detail in Part VI):			
2 Acquisition	indebtedness applicable to non-exempt-use assets	2		
3 Subtract lin	e 2 from line 1d.	3		
4 Cash deem	ed held for exempt use. Enter 0.015 of line 3 (for greater amoun	t,		
see instruct	tions).	4		
5 Net value o	f non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line	e 5 by 0.035.	6		
7 Recoveries	of prior-year distributions	7		
8 Minimum A	Asset Amount (add line 7 to line 6)	8		
Section C - Distr	ibutable Amount			Current Year
1 Adjusted ne	et income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 d	of line 1.	2		
3 Minimum as	sset amount for prior year (from Section B, line 8, column A)	3		
4 Enter great	er of line 2 or line 3.	4		
5 Income tax	imposed in prior year	5		
	ble Amount. Subtract line 5 from line 4, unless subject to			
emergency	temporary reduction (see instructions).	6		
	k here if the current year is the organization's first as a non-func	tionally integrat	ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 YOGA ALLIANCE REGISTRY

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continued})
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is 3	3
4	Amounts paid to acquire exempt-use assets		4	4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.		6	; ;
7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2020 from Section C, line 6		g)
10	Line 8 amount divided by line 9 amount		10)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			_
e	From 2019			_
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	YOGA	ALLIA	ANCE	REGIS	TRY		
Part VI Cumplemental Infor		D				_	

	Part IV, Section A, ine 1; Part IV, Sec	, lines 1, 2, 3b, 3c, 4b, ction D, lines 2 and 3; l . 6. and 8: and Part V.	vide the explanations r , 4c, 5a, 6, 9a, 9b, 9c, 1 Part IV, Section E, lines Section E, lines 2, 5, a	11a, 11b, a s 1c, 2a, 2t	nd 11c; Part IV, Se), 3a, and 3b; Part	ection B, lines 1 and 2; V, line 1; Part V, Sectio	Part IV, Section C, on B, line 1e; Part V,
032028 01-25-21				20		Schedule A (For	rm 990 or 990-EZ)
41118	745960 39	848	2020.05000		ALLIANCE	REGISTRY	39848_

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

94	-30	79	524

YOGA	ALLIANCE	REGISTRY	
Organization type (check one):			

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

YOGA ALLIANCE REGISTRY

Name of organization

Employer identification number

94-3079524

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 52,364. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 023452 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 22

39848__1

2020.05000 YOGA ALLIANCE REGISTRY

18041118 745960 39848

_____Page **2**

Name of organization

Page **3**

Employer identification number

94-3079524

YOGA ALLIANCE REGISTRY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. Prom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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2020.05000 YOGA ALLIANCE REGISTRY

	LIANCE REGISTRY			94-3079524
art III Ex	clusively religious, charitable, etc., contributio	ns to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for
COI	om any one contributor. Complete columns (a) t mpleting Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 o	r less for the year. (Enter this info.	once.) > \$
Us	se duplicate copies of Part III if additional s	pace is needed.		
a) No. rom	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
Part I				
-				
— —				
		(e) Transfer of gi	ift	
	Transferee's name, address, and	1 ZIP + 4	Relationship of	transferor to transferee
			•	
a) No.		I	() =	
rrom Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gi	ift	
	T		Deleter 11 fr	
	Transferee's name, address, and		Relationship of	transferor to transferee
a) No.	1			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
—				
		(e) Transfer of gi	ift	
		(1) 11 11 11 11 11		
	Transferee's name, address, and	I ZIP + 4	Relationship of	transferor to transferee
	Transferee's name, address, and	1 ZIP + 4	Relationship of	transferor to transferee
-	Transferee's name, address, and	1 ZIP + 4	Relationship of t	transferor to transferee
	Transferee's name, address, and	1 ZIP + 4	Relationship of t	transferor to transferee
) No. rom	Transferee's name, address, and	1 ZIP + 4		transferor to transferee
a) No. From Part I				
a) No. From Part I				
a) No. From Part I				
a) No. rom Part I		(c) Use of gift	(d) De	
a) No. From Part I			(d) De	
i) No. irom Part I		(c) Use of gift	(d) De	
a) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
I) No. irom Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
a) No. rom 2art I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)			-	•	-	2020
		anizations Exempt From Incom if the organization is described				LULU
Department of the Treasury Internal Revenue Service		to www.irs.gov/Form990 for			U-LZ.	Open to Public Inspection
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campa	ign Activ	/ities), then
		plete Parts I-A and B. Do not co	•			
		01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part	I-B.	
Section 527 organization		,				
-		n Form 990, Part IV, line 4, or Fo				
		have filed Form 5768 (election ur				
		have NOT filed Form 5768 (electi 1 Form 990, Part IV, line 5 (Prox				-
Tax) (See separate inst		r Form 330, Fait IV, inte 5 (Frox	y Tax) (See Separate		550-LZ, I	ait v, line SSC (FLOXy
		tions: Complete Part III.				
Name of organization	., (, 3	•		E	mployer	identification number
-	YOGA AL	LIANCE REGISTRY			9	4-3079524
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 52	7 orgar	nization.
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.		
2 Political campaign	activity expendit	ures			►\$	
3 Volunteer hours for	political campai	gn activities				
		anization is exempt und				
		incurred by the organization und			►\$	
		incurred by organization manage				
		n 4955 tax, did it file Form 4720				
						Yes No
b If "Yes," describe in		anization is exempt und	er section 501(c)	excent section 5	01(_)(3)	
-		d by the filing organization for sec		•	► \$	
		ization's funds contributed to oth	•		φ	
			-		► \$	
		. Add lines 1 and 2. Enter here a			Ť	
•	•				►\$	
						Yes No
5 Enter the names, a	ddresses and er	nployer identification number (Ell				filing organization
		tion listed, enter the amount paid				
		omptly and directly delivered to a			oarate se	gregated fund or a
political action com	mittee (PAC). If	additional space is needed, prov	ide information in Part	IV.		
(a) Name)	(b) Address	(c) EIN	(d) Amount paid fro		e) Amount of political
				filing organization's funds. If none, enter		tributions received and promptly and directly
				iunus. Il none, enter		elivered to a separate
					p	political organization.
						If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

25 2020.05000 YOGA ALLIANCE REGISTRY

Schedule C (Form 990 or 990-EZ) 2020 YOG.	A ALLIANCE	REGISTRY
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Ра	section 501(h)).	on is exempt under section 501(c)(3) and fil	ied Form 5768 (ei	ection under
A C	heck 🕨 🛄 if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
BC	heck 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	0.	
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	0.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	0.	
d	Other exempt purpose expenditures		1,964,630.	
е		s 1c and 1d)	1,964,630.	
f	Lobbying nontaxable amount. Enter the amo	248,232.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	62,058.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0	0.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbuing Expanditures During 4 Year Averaging Period

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
2a Lobbying nontaxable amount	394,027.	164,548.	206,156.	248,232.	1,012,963.	
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,519,445.	
c Total lobbying expenditures	79,273.				79,273.	
d Grassroots nontaxable amount	98,507.	41,137.	51,539.	62,058.	253,241.	
 e Grassroots ceiling amount (150% of line 2d, column (e)) 					379,862.	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 YOGA ALLIANCE REGISTRY

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a b	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	=		otion	
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(0)(5),	or se	CLION	
	001(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section		or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		-		
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

Part I

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Name of the organization

JOE DECIEMDV YOGA

YOGA ALLIANCE REGISTRY	94-3079524
Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.Complete if the

	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferring
_			
Pa			IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	ified conservation contribution in the form of a	
-	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b C	Number of conservation easements on a certified historic st	ructure included in (a)	·
d	Number of conservation easements included in (c) acquired		. 20
ŭ	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
Ū	vear >		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
	•		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	l)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	that describes the
Der	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Aut Historical Tracauras, an Othe	v Cimilar Acasta
Pa	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		er Similar Assets.
10			halanaa ahaat waxka
Id	If the organization elected, as permitted under FASB ASC 99 of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 9		nce sheet works of
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
			N
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1	-	► \$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2020
03205	12-01-20		
		28	

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2020.05000 YOGA ALLIANCE REGISTRY

Sche	dule D (Form 990) 2020 YOGA AL	LIANCE REG	ISTR	RΥ				94-30	7952	4 Pa	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, or O	ther	Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that ma	ke sigr	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	<u>ا ا</u>	Loan or exc	hange program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how t	hey further t	he organization's	exemp	ot purpo	ose in Parl	t XIII.		
5	During the year, did the organization solicit of		,		,				-		-
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "Yes	" on Fo	orm 990), Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·									
1a	Is the organization an agent, trustee, custod								٦.,		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					•		
_	De viewie v halan a						4		Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e 1f				
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par											
	·	(a) Current year		Prior year	(c) Two years bad			ears back	(e) Fou	r vears	back
1a	Beginning of year balance	((-7)	,					(-)		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administered f	or the	organiz	zation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	t VI Land, Buildings, and Equip		owment	funds.							
Fai			0 Dort l	V line 11e (Soo Form 000 Do	et V lin	o 10				
	Complete if the organization answere Description of property			1			umulate			Le volu	
	Description of property	(a) Cost or c basis (investr			t or other (o (other)	,	ciation	[,] u	(d) Boo	n valu	-
19	Land			54010		aspic	Sidion				
	Land Buildings			<u> </u>							
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B). line '	10c.)						0.
		,,, . u	,	,,	/			Schodulo	D /Earr	~ 000)	

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests

(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) LOAN RECEIVABLE FROM YOGA ALLIANCE	4,931,544.
(2) TRADEMARKS	135,939.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,067,483.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 1. (a) Description of liability	(b) Book value
	(b) Book value
1. (a) Description of liability	
1. (a) Description of liability (1) Federal income taxes	(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) LOAN PAYABLE TO RELATED PARTY	(b) Book value
1. (a) Description of liability (1) Federal income taxes (2) LOAN PAYABLE TO RELATED PARTY (3)	(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

032053 12-01-20

18041118 745960 39848

(7) (8)

Sche	dule D (Form 990) 2020 YOGA ALLIANCE REGISTRY			94-	3079524 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,104,348.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	570,538.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	570,538.
3	Subtract line 2e from line 1			3	533,810.
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	. 4 a	33,537.		
b	Other (Describe in Part XIII.)	. 4 b			
С	Add lines 4a and 4b			4c	33,537.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	567,347.
				_	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	· ·		
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements	a.	· ·	Retu	ırn. 1,931,093.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	· ·		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a	· ·		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b	· ·		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 	· ·		
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 			1,931,093.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d		1 2e	1,931,093.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d		1	1,931,093.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 		1 2e 3	1,931,093.
1 2 a b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 		1 2e 3	<u>1,931,093</u> . 0.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d		1 2e 3	1,931,093. 0. 1,931,093.
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 2d 4a 4b	33,537.	1 2e 3 4c	1,931,093. 0. 1,931,093. 33,537.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b	33,537.	1 2e 3	1,931,093. 0. 1,931,093.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR	THE	YEARS	ENDED	DECEMBER	31,	2020	AND	2019,	THE	ORGANIZATIONS	HAVE
-----	-----	-------	-------	----------	-----	------	-----	-------	-----	---------------	------

DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

032054 12-01-20

SCHEDULE I (Form 990)	Go	arants and Oth vernments, ar	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
	Comp	lete if the organizatio			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service		► Go to www.ii	Attach to For rs.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization YOGA ALLI	ANCE REGI	STRY					Employer identification number $94 - 3079524$
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?						
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	i c Governments. C	omplete if the org	anization answered	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than					(f) Method of	1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
IVY CHILD INTERNATIONAL 35 BEHARRELL STREET UNIT 1265 CONCORD, MA 01742	27-4835424	501(C)(3)	430,000.	0.			EMERGENCY RELIEF FUND DUE TO COVID
RECLAMATION VENTURES, LLC 159 20TH STREET 1B							EMERGENCY RELIEF FUND DUE
BROOKLYN, NY 11232	84-3046647	OTHER	75,000.	0.			TO COVID
SOULFEST LLC 2116 8TH AVE							EVENTS TO BRING AFFORDABLE ACCESS TO YOGA, FITNESS AND HEALTH
NEW YORK, NY 10026	84-3641490	OTHER	20,000.	0.			OPPORTUNITIES.
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							

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

Schedule I (Form 990) 2020

Page 2

art III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

		1

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

YOGA ALLIANCE MEETS PERIODICALLY WITH THE ORGANIZATIONS THAT RECEIVE GRANTS

AND FOLLOWS UP WITH THEM AS NECESSARY WITH RESPECT TO THE GRANTS DISBURSED.

SCH	EDULE J	ОМ	B No. 1	545-004	47
	m 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	<u></u>
•	Compensated Employees		2 U	20)
Derest	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.	Op	en to	Publ	ic
	■ Attach to Form 990. I Revenue Service ■ Go to www.irs.gov/Form990 for instructions and the latest information.	i i	nspe	ction	
Nam	•	ployer identif			mber
		94-3079	952	4	
Pa	rt I Questions Regarding Compensation				
		F		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal u	se			
	Travel for companions Payments for business use of personal resider	nce			
	Tax indemnification and gross-up payments				
	Discretionary spending account	ief)			
_					
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	····· -	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	····· .	2		
•					
	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	2			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations	littee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
	Receive a severance payment or change-of-control payment?		4a	х	
	Participate in or receive payment from a supplemental nonqualified retirement plan?	F	4b		x
	Participate in or receive payment from an equity-based compensation arrangement?	F	4c		x
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
	The organization?		5a		Х
	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?		6a		X
	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.				
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	L	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	L	8		X
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	<u></u>	9		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		(Forn	1 990)	2020

94-3079524

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

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

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

	(B) Breakdown o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SHANNON ROCHE (i	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO		0.	0.	8,149.	26,395.	303,485.	0.
(2) ERIN VENNIE (i	0.	0.	0.	0.	0.	0.	0.
SENIOR VICE PRESIDENT OF MEMBERSHIP (ii		0.	0.	7,931.	26,824.	226,230.	0.
(3) KRISTINA GRAFF (SEE SCHEDULE O) (i	0.	0.	0.	0.	0.	0.	0.
MANAGING DIR. OF YOGA ALLIANCE FDN. (ii	203,620.	0.	0.	4,635.	11,270.	219,525.	0.
(4) KRISHNA YENDLURI (i	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT OF IT (ii		0.	0.	7,515.	3,012.	198,259.	0.
(5) JOCELYN PRUDENCIO	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT OF FINANCE (ii	1 () 0 0 0	0.	0.	6,767.	26,091.	196,151.	0.
(6) CATHERINE MARQUETTE (i	0.	0.	0.	0.	0.	0.	0.
VP OF MARK. & COMMS. (UNTIL 05/2020) (ii	90,922.	0.	87,602.	3,522.	9,985.	192,031.	0.
(7) MARCUS WADE (i	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT OF PEOPLE & CULTURE (ii	157,899.	0.	0.	6,414.	12,797.	177,110.	0.
(8) KRISHNA PILLAI	0.	0.	0.	0.	0.	0.	0.
APPLICATION DEV & DEVOPS DIRECTOR (ii	4 4 0 0 0 0	0.	0.	5,932.	2,964.	157,885.	0.
(9) HILARY MUGHLOO	0.	0.	0.	0.	0.	0.	0.
CHIEF OF STAFF (ii	404 0.00	0.	0.	4,519.	30,969.	156,850.	0.
(10) ANDREAS ENGEL (i	0.	0.	0.	0.	0.	0.	0.
CREATIVE DIRECTOR (ii	132,540.	0.	0.	0.	20,629.	153,169.	0.
(i)							
(ii							
(i							
(ii							
(i)							
(ii							
(i							
(ii							
(i							
(ii							
(i							
(ii							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION HAS A LIMITED NUMBER OF EMPLOYEES. THE ORGANIZATION HAS A

COST SHARING AGREEMENT WITH YAPLUS, A RELATED ORGANIZATION, AND UNDER THIS

AGREEMENT, LABOR COSTS ARE ALLOCATED TO THE ORGANIZATION. THE OFFICERS ARE

SHARED BY THE ORGANIZATIONS, AND OFFICER COMPENSATION IS DETERMINED BY THE

EXECUTIVE COMMITTEE OF THE BOARD OF YAPLUS. YAPLUS USES THE FOLLOWING

METHODS TO ESTABLISH COMPENSATION OF THE CEO:

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

- COMPENSATION COMMITTEE

- COMPENSATION SURVEY OR STUDY

PART I, LINE 4A:

CATHERINE MARQUETTE RECEIVED A SEVERANCE OF \$87,602.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

YOGA ALLIANCE REGISTRY

Employer identification number 94 - 3079524

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR

MANAGEMENT. THE BOARD RECEIVED A COPY OF THE FORM 990 BEFORE IT WAS FILED

WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, EACH BOARD MEMBER AND KEY EMPLOYEE IS ASKED TO SIGN A CONSENT FORM INDICATING THAT HE/SHE WILL NOT ENGAGE IN ACTIONS THAT MAY CONSTITUTE AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST WITH THE MISSION AND ACTIVITIES OF THE YOGA ALLIANCE REGISTRY; AND WILL DISCLOSE TO THE BOARD OF DIRECTORS, ON THE PRESCRIBED FORM AND PERIODICALLY AS FACTS DICTATE, ANY SUCH CONFLICTS OF INTEREST AND ANY BUSINESS, FINANCIAL, AND ORGANIZATIONAL INTERESTS AND AFFILIATIONS THAT ARE OR COULD BE CONSTRUED TO BE A CONFLICT OF INTEREST. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES, THE BOARD CONSIDERS THE MATTER, WITH THE BOARD MEMBER WITH THE POTENTIAL CONFLICT OF INTEREST RECUSING HIMSELF/HERSELF FROM THE MATTER.

WHEN AN EMPLOYEE WISHES TO SERVE ON BOARDS, COMMISSIONS, OR IN OTHER OUTSIDE ACTIVITIES THAT ARE IN THE PUBLIC INTEREST, HE/SHE MUST FIRST CONFIRM WITH THE CEO THAT THE VOLUNTARY SERVICE IS APPROPRIATE AND DOES NOT PRESENT A CONFLICT OF INTEREST WITH HIS/HER WORK FOR YOGA ALLIANCE REGISTRY.

 IF A CONFLICT OF INTEREST ARISES, YOGA ALLIANCE REGISTRY INTERVIEWS THE

 EMPLOYEE IN QUESTION TO REVIEW THE POSSIBLE CONFLICT. IF IT WAS DETERMINED

 THAT THE EMPLOYEE HAD A GENUINE CONFLICT OF INTEREST, THEY WOULD BE ASKED

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

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2020.05000 YOGA ALLIANCE REGISTRY

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization YOGA ALLIANCE REGISTRY	Employer identification number $94 - 3079524$
TO CEASE THE ACTIVITY IMMEDIATELY IN ORDER TO CONTINUE WI	TH EMPLOYMENT.
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT AND CEO'S COMPENSATION IS DETERMINED BY THE	THE EXECUTIVE
COMMITTEE OF THE BOARD OF YAPLUS, A RELATED ORGANIZATION.	THE BOD REVIEWS
THE PERFORMANCE OF THE PRESIDENT AND CEO AND DETERMINES C	OMPENSATION ON AN
ANNUAL BASIS. THE BOD ALSO DISCUSSES COMPENSATION WITH OU	TSIDE COUNSEL AND
PURCHASES DATA THAT COMPARES COMPENSATION FOR ASSOCIATION	AND MEMBERSHIP
EXECUTIVES. DATA IS VERY DETAILED AND BREAKS THE INFORMAT	ION DOWN WITH
REGARD TO THE ORGANIZATION'S ANNUAL BUDGET, NUMBER OF EMP	LOYEES, YEARS IN
POSITION AND GEOGRAPHIC LOCATION. INFORMATION IS SHARED A	ND REVIEWED WITH
THE EXECUTIVE COMMITTEE. THE LAST REVIEW TOOK PLACE IN MA	Y 2019.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MI, MA, MO, MN, MS, NH, NJ, NM, NY,	NC, OR, PA, RI, SC, TN
UT, VA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	

YOGA ALLIANCE REGISTRY PROVIDES DOCUMENTS UPON REQUEST.

PART VII, SECTION A

YOGA ALLIANCE REGISTRY (D/B/A AS YOGA ALLIANCE FOUNDATION) IS RELATED TO YAPLUS (D/B/A YOGA ALLIANCE), A 501(C)(6) ORGANIZATION. YAPLUS PAYS ALL OF THE COMPENSATION AND ISSUES THE W-2S FOR ALL THE EMPLOYEES OF THE ORGANIZATIONS. YOGA ALLIANCE REGISTRY REIMBURSES YAPLUS FOR THE WORK DONE FOR YOGA ALLIANCE REGISTRY THROUGH A COST SHARE AGREEMENT BETWEEN THE TWO ENTITIES. INCLUDED IN THE COST SHARE AGREEMENT IS REIMBURSEMENT TO YAPLUS FOR THE COMPENSATION PAID TO KRISTINA GRAFF, 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 38

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2020.05000 YOGA ALLIANCE REGISTRY

Name of the organization YOGA ALLIANCE REGISTRY	Employer identification number 94-3079524
THE MANAGING DIRECTOR OF YOGA ALLIANCE REGISTRY.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	166,041
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
FOTAL EXPENSES	166,041
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	90,999
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	90,999
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	257,040
32212 11-20-20 Sct 39	nedule O (Form 990 or 990-EZ) 20
41118 745960 39848 2020.05000 YOGA ALLIANCE REGI	STRY 39848

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 YOGA
 ALLIANCE
 REGISTRY
 39848_1

SCH	IEDULE R
-	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number

94-3079524

Name of the organization

YOGA ALLIANCE REGISTRY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
YAPLUS D/B/A YOGA ALLIANCE - 38-3849013							
1560 WILSON BOULEVARD, STE 700	SEE SCHEDULE R, PART VII						
ARLINGTON, VA 22209	FOR FULL DESCRIPTION.	VIRGINIA	501(C)(6)	N/A			X
	-						
	-						
	-						

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 YOGA ALLIANCE REGISTRY

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

(a)	(b)	(c)	(d)		e)		(f)	((g)	()	ו)	(i)		(j)	(1	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	Share inc	e of total come	end-	are of of-year sets	alloca		amount in b 20 of Sched	oox ^r lule	General or managing partner?	owne	enta ersl
	_	country)		sections	512-514)					Yes	No	K-1 (Form 10	J65) N	<u>res No</u>		
	_															
	_															
	_															
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	-															
IV Identification of Related C organizations treated as a c	Organizations Taxable corporation or trust duri	as a Corport ng the tax	oration or Trust. C year.	omplete if t	he organizati	ion ansv	vered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it ł	nad or	ne or m	ore re	lat
(a)		-	(b)	(c)	(d)		(e)		(f))	<u> </u>	(g)		(h)	((i)
Name, address, and	EIN	Prim	ary activity			Direct controlling				re of total		Share of		entage	Sec 512(ctio
of related organization			, ,	(state or foreign	entity		(C corp, S	S corp,	inco	me		end-of-year		iership	cont ent	.róÌl tity
				country)			or tru	isi)				assets			Yes	Ť
																T
					1		1						1		1	1

41

Schedule R (Form 990) 2020 YOGA ALLIANCE REGISTRY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х					
	Gift, grant, or capital contribution to related organization(s)	1b		Х					
	Gift, grant, or capital contribution from related organization(s)	1c		X					
	Loans or loan guarantees to or for related organization(s)	1d	Х						
	Loans or loan guarantees by related organization(s)	1e	Х						
f	Dividends from related organization(s)	1f		Х					
g	Sale of assets to related organization(s)	1g		X					
	Purchase of assets from related organization(s)	1h		X					
i	Exchange of assets with related organization(s)	1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х						
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X					
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X						
	Sharing of paid employees with related organization(s)	10	X						
р	Reimbursement paid to related organization(s) for expenses	1p		Х					
q	Reimbursement paid by related organization(s) for expenses	1q		X					
r	Other transfer of cash or property to related organization(s)	1r		Х					
	Other transfer of cash or property from related organization(s)	1s	Х						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YAPLUS D/B/A YOGA ALLIANCE	S	235,430.	ACTUAL AMOUNT
(2) YAPLUS D/B/A YOGA ALLIANCE	ĸ	148,322.	ACTUAL AMOUNT
(3) YAPLUS D/B/A YOGA ALLIANCE	N	337,210.	COST SHARE AGREEMENT CALCULATION
(4) YAPLUS D/B/A YOGA ALLIANCE	E	136,277.	ACTUAL AMOUNT
(5) YAPLUS D/B/A YOGA ALLIANCE	D	4,931,544.	ACTUAL AMOUNT
(6) YAPLUS D/B/A YOGA ALLIANCE	0	608,081.	COST SHARE AGREEMENT CALCULATION

Schedule R (Form 990) 2020 YOGA ALLIANCE REGISTRY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging er?	(k) Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
												_	
												_	

Schedule R (Form 990) 2020

YOGA ALLIANCE REGISTRY

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, PRIMARY ACTIVITY:

YOGA ALLIANCE IS A NONPROFIT 501(C)(6) MEMBERSHIP PROFESSIONAL AND

TRADE ASSOCIATION THAT SUPPORTS THE YOGA PROFESSION. THE ALLIANCE

SERVES TEACHERS AND SCHOOLS THROUGH MEMBER BENEFITS, EDUCATION,

GOVERNMENT RELATIONS, AND PROFESSIONAL CREDENTIALS.

032165 10-28-20

Schedule R (Form 990) 2020 44 2020.05000 YOGA ALLIANCE REGISTRY 39848_1