**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.

Department of the Treasury Internal Revenue Service

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

JIVIB INO. 1545-0047
2022
Open to Public

A F	or the	e 2022 calendar year, or tax year beginning and e	ending					
	heck if pplicable	C Name of organization		D Employer identi	fication number			
	Addres	YAPLUS						
	Name change	Doing business as YOGA ALLIANCE		38-3849	013			
	Initial return Final return/	4201 WILSON BOULEVARD, SUITE 600	Room/suite	E Telephone number (571) 482-3355				
	termin ated	, , , , , , , , , , , , , , , , , , ,	<b>G</b> Gross receipts \$ 10,883,844.					
	Ameno	ARLINGION, VA 22203	H(a) Is this a group return					
	Applic tion pendir	F Name and address of principal officer: SHANNON ROCHE		for subordinate	····· — —			
		SAME AS C ABOVE		H(b) Are all subordinates				
		empt status: 501(c)(3) X 501(c)(6) (insert no.) 4947(a)(1) or see: WWW.YOGAALLIANCE.ORG	r 527	1	a list. See instructions			
	Vebsit	organization: X Corporation Trust Association Other	I Voor	H(c) Group exempt	M State of legal domicile: VA			
	irt I	Summary	L Teal	or formation. ZOII	VI State of legal doffficile, VII			
0		Briefly describe the organization's mission or most significant activities: YOGA						
Governance		IN WHICH OUR COLLECTIVE WELLBEING AND HUMP	AN CON	<u>ISCIOUSNESS</u>				
erne	-	Check this box if the organization discontinued its operations or dispose	ed of more	1	1			
Š	l							
ø		Number of independent voting members of the governing body (Part VI, line 1b)						
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			44			
ţi		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12						
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11						
		Tect directated business taxable moone non-rolling out 1, rate 1, mile 11		Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		0	0.			
	l	Program service revenue (Part VIII, line 2g)		11,103,653	10,502,230.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,040	82,663.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		160,592				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,268,285				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,000				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		5,109,856				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0.			
ğ	b		0.	4 257 002	F 175 000			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,357,993				
	l .	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,492,849 1,775,436				
_ v		Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		14,080,198				
Asse Bala	20 21	Total liabilities (Part X, line 16)		9,618,351				
Net/	22	Net assets or fund balances. Subtract line 21 from line 20		4,461,847				
Pa	rt II	Signature Block						
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of r	ny knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.				
		O'contain of the contain		D-1-				
Sigr		Signature of officer		Date				
Her	е	SHANNON ROCHE, PRESIDENT AND CEO Type or print name and title						
			Тг	Date Check	PTIN			
Paid	I	Print/Type preparer's name  AARON M. FOX  AARON M. FOX		0/04/23 off-emp				
	arer	Firm's name MARCUM LLP			11-1986323			
	Only	Firm's address 1899 L STREET, NW #850		TIIII 5 EIN				
200	Jy	WASHINGTON, DC 20036		Phone no (	202) 822-5000			
 Mav	the IF	RS discuss this return with the preparer shown above? See instructions		1. Hono hor (	X Yes No			

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Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	YOGA ALLIANCE ENVISIONS A WORLD IN WHICH OUR COLLECTIVE WELLBEING AND	
	HUMAN CONSCIOUSNESS IS ELEVATED THROUGH EQUITABLE ACCESS TO HIGH	
	QUALITY TEACHING AND PRACTICE OF YOGA. YOGA ALLIANCE ADVANCES THE	
	EVOLVING PROFESSION OF YOGA TEACHING AND BROADER CONNECTED COMMUNITY	
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>7.</b> .
	prior Form 990 or 990-EZ?	No
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes   Yes	¬ Na
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	YOGA ALLIANCE IS A MEMBER-BASED, NON-PROFIT 501(C)(6) ORGANIZATION THA	<u>T</u>
	SERVES YOGA SCHOOLS AND TEACHERS ACROSS THE GLOBE, PROVIDING	
	WORLD-RECOGNIZED, BEST-IN-CLASS CREDENTIALS AND UNIFYING ITS MEMBERS	
	AROUND A SHARED ETHICAL COMMITMENT. AS THE LARGEST NON-PROFIT	
	ASSOCIATION SERVING THE GLOBAL YOGA COMMUNITY, YOGA ALLIANCE NOT ONLY	
	SEEKS TO ADVANCE THE EVOLVING PROFESSION OF YOGA BUT DEMONSTRATE THE	
	POWERFUL IMPACT YOGA CAN HAVE IN MAKING THE WORLD A BETTER PLACE. YOGA	
	ALLIANCE'S GOAL IS TO SUPPORT AND FOSTER THE HIGH QUALITY, SAFE,	
	ACCESSIBLE, AND EQUITABLE TEACHING OF YOGA AND DELIVER A STRONG VALUE	
	PROPOSITION TO MEMBERS THROUGH COMMUNITY-BUILDING INITIATIVES,	
	EDUCATIONAL RESOURCES, ADVOCACY EFFORTS, AND SOCIAL IMPACT PROGRAMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
TID.	(Code:) (Expenses \$	— <i>'</i>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
10	/ (Libertiacs 4	— <i>'</i>
4d	Other program services (Describe on Schedule O.)	
<del>-</del> u	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses	
	Form <b>990</b>	(2022)

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# Form 990 (2022) YAPLUS Part IV Checklist of Required Schedules

			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? See instructions	2		X
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	•	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia	- 21	
b		11b		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		1
С		110		x
لم ما	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			\ <del></del>
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	17
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,			
	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		<u> </u>
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		<u> </u>
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		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u>-</u> _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	Х	
		_	$\Omega\Omega\Omega$	(

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Pai	TIV 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		Х	
04-	Schedule J	23		
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	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С	, , ,	24c		
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		
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 the 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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 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		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	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		37	
	Part V, line 1	34	X	
	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		v	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		_^
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	
_	130017 till 1 ottl dee illela are required to complete dericatio o	1 30		

## Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						ĺ
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	42				ı
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			10	x		

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Form 990 (2022) YAPLUS
Part V Statements Regarding Other IRS Filings 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 61								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	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								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	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?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a	_X_						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		37						
	were not tax deductible?	6b	X						
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							
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								
-1	to file Form 8282?	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year	7.							
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f							
t	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7							
Ū	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	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								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
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							
b	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans  13b								
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	140		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		-23					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10							
	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the 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.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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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					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8									
	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.												
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other												
	officer, director, trustee, or key employee?												
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision												
	of officers, directors, trustees, or key employees to a management company or other person?												
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
5													
6	Did the organization have members or stockholders?			6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app												
	more members of the governing body?			7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto												
	persons other than the governing body?			7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
а	The governing body?			8a	X								
b	Each committee with authority to act on behalf of the governing body?			8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac												
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	renue	Code.)										
			•		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a	ı	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.												
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10k	,								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	118	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			128	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12t	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," d	escribe										
	on Schedule O how this was done			120	_								
13	Did the organization have a written whistleblower policy?			13									
14	Did the organization have a written document retention and destruction policy?			14	X								
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
	The organization's CEO, Executive Director, or top management official			158	X								
b	Other officers or key employees of the organization			15k	)	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	ith a										
	taxable entity during the year?			16a	1	<u> </u>							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic												
	exempt status with respect to such arrangements?			16k	)								
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed NONE												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3	3)s only	) availa	ıble							
	for public inspection. Indicate how you made these available. Check all that apply.												
	X Own website Another's website X Upon request Other (explain		,										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict o	of interest policy, a	nd fina	ncial								
	statements available to the public during the tax year.												
20	State the name, address, and telephone number of the person who possesses the organization's book SHANNON ROCHE $-$ (571) 482-3355	ks and	d records										
	4201 WILSON BOULEVARD, SUITE 600, ARLINGTON, VA 22	203											

Form **990** (2022)

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average hours per	(do	not c	Pos	C) ition		one	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director				Highest compensated try.	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SHANNON ROCHE	37.08							005 533	16 001	20 166
PRESIDENT & CEO	2.92			Х				225,733.	16,991.	39,166.
(2) ERIN VENNIE	40.00	-						101 717	0	40 774
SR VP, MEMBERSHIP	0.00					Х		181,717.	0.	40,774.
(3) HILARY MUGHLOO CHIEF OF STAFF	0.00					x		172,663.	0.	44,540.
(4) KRISHNA YENDLURI	36.13									
VP, TECHNOLOGY - UNTIL 11/2022	3.87	1				х		168,027.	18,670.	11,008.
(5) JOCELYN PRUDENCIO	34.31							,	,	,
VP, FINANCE	5.69	1		Х				132,570.	21,581.	38,179.
(6) MAYA BREUR	40.00								-	-
HEAD OF RESEARCH & YOGA ADVANCEMENT	0.00					Х		160,624.	0.	27,005.
(7) TONI CAREY	29.88									
VP, STRATEGIC COMMUNICATIONS	10.12					Х		126,206.	42,069.	16,942.
(8) JO-ANN BANCE	3.00									
CHAIR	3.00	Х		X				0.	0.	0.
(9) TERRI MCDERMOTT	3.00									
VICE CHAIR	3.00	Х		Х				0.	0.	0.
(10) MARION "MUGS" MCCONNELL	3.00	1								
SECRETARY	3.00	Х		Х				0.	0.	0.
(11) ARUN TILAK	3.00									
TREASURER	3.00	Х		Х				0.	0.	0.
(12) KERRY MAIORCA	3.00									
PAST CHAIR - TO 08/2022	3.00	Х						0.	0.	0.
(13) SWAMI ASOKANANDA	3.00	.,							0	0
BOARD MEMBER	3.00	Х						0.	0.	0.
(14) STAFFAN ELGELID	3.00	3,7							0	0
BOARD MEMBER - TO 02/2022	3.00	Х						0.	0.	0.
(15) SARAH JOY MARSH BOARD MEMBER	3.00	v						0.	0	0
(16) DAVID PRYOR JR.	3.00	Х						0.	0.	0.
BOARD MEMBER - TO 12/2022	3.00	Х						0.	0.	0.
(17) LESLIE SALMON JONES	5.00	^						0.	0.	<u></u>
BOARD MEMBER - TO 08/2022	5.00	Х						0.	0.	0.
232007 12-13-22	. 5.00			<u> </u>					J •	Form <b>990</b> (2022)

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Part VII Section A. Officers, Directors, Tru	stees, Key Emp	oloye	ees,	and	j Hi	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Es	stimate	ed
	hours per	box,	box, unless person is both a officer and a director/trustee				an	compensation	compensation	ar	nount	of
	week					ector/trustee)		from	from related		other	
	(list any hours for	recto						the	organizations		pensa	
	related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		rom th janizat	
	organizations	ruste	l trus		99	npen		1099-NEC)	1099-1420)		d relat	
	below	ndividual trustee or director	nstitutional trustee	_	key employee	st col	10	1000 1120)			anizati	
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former			3		
(18) SARASWATHI VASUDEVAN	3.00											
BOARD MEMBER	3.00	Х						0.	0.			0.
1b Subtotal		<u> </u>						1,167,540.	99,311.	21	7,6	14.
c Total from continuation sheets to Part V								0.	0.		. , .	0.
d Total (add lines 1b and 1c)								1,167,540.	99,311.	21	7,6	
2 Total number of individuals (including but								•	000 of reportable			
compensation from the organization												15
									i		Yes	No
3 Did the organization list any former office	r, director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		_X_
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J fo	or such individual		4	Х	
5 Did any person listed on line 1a receive or	accrue compen	satio	on fr	om	any	unre	late	ed organization or individ	dual for services			7.7
rendered to the organization? If "Yes," col	<u>mplete Schedule</u>	J fo	or su	ıch r	oers	on .				5		X
Section B. Independent Contractors		1	,						1100 000 -1			
1 Complete this table for your five highest or	•	•							•	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wi	thin	the organization's tax y	ear.			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NIRA SYSTEMS, LLC, 1900 CAMPUS COMMONS	IT CONSULTING,	
DRIVE SUITE 100, RESTON, VA 20191	MAINTENANCE &PROJECT	226,440.
MARCELA MORALES, LLC, 11706 STONINGTON		
PLACE, SILVER SPRING, MD 20902	UX DESIGN	189,261.
EP&E CONSULTING, LLC	VIRTUAL EVENT	
1593 S BARTON ST, ARLINGTON, VA 22204	PRODUCTION & SUPPORT	141,297.
JAMIE BARAKCHAIN, 1575 HARBOR BLVD APT	COPYWRITING CONTENT	
#3718, WEEHAWKEN, NJ 07086	SUPPORT	112,872.
PILLSBURY WINTHROP SHAW PITTMAN, LLP		
17TH STREET NW, WASHINGTON, DC 20036	LEGAL COUNSEL	111,288.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
\$100,000 of compensation from the organization 15		
		200

Form **990** (2022)

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Form 990 (2022) YAPLUS
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a rest	onse	or note to any lin	e in this Part VIII			
					o	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts									
S S		b Membership dues c Fundraising events							
fts,		d Related organizations							
ية إق				<b>†</b>					
ons,		e Government grants (contribut							
utic		f All other contributions, gifts, gran							
ë		similar amounts not included abo							
o d		9 Noncash contributions included in lines	1a-1f <b>1g</b>	Φ					
Oa		h Total. Add lines 1a-1f			Business Code				
	2 a MEMBERSHIP DUES				Business Code	0 721 722	0 721 722		
<u>ic</u> e	2	•			900099	8,731,732.	8,731,732.		
er Je		b MEMBERSHIP APPLICATION	FEES		900099	1,770,498.	1,770,498.		
n S	(	c							
Jrar 3e∖		d							
Program Service Revenue		e							
۵		f All other program service reve							
_		g Total. Add lines 2a-2f				10,502,230.			
	3	Investment income (including							
						82,663.			82,663.
	4	Income from investment of ta							
	5	Royalties				145,107.			145,107.
			(i) Re	al	(ii) Personal				
	6	a Gross rents 6a	1	,767.					
		b Less: rental expenses 6b	+	,267.					
		Rental income or (loss)	-271	,500.					
		d Net rental income or (loss)	<del></del>			-271,500.			-271,500.
	7	a Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory 7a	1						
		<b>b</b> Less: cost or other basis							
ine		and sales expenses 7b							
Ven		c Gain or (loss)7	;						
Re		<b>d</b> Net gain or (loss)		<u>,</u>					
her Revenue	8	a Gross income from fundraising e	vents (not						
₽		including \$	of						
		contributions reported on line	1c). See						
		Part IV, line 18		. 8a					
		b Less: direct expenses		. 8b					
		c Net income or (loss) from fund	draising ev	ent <u>s</u>					
	9	a Gross income from gaming a	ctivities. Se	e					
		Part IV, line 19		9a					
	-	b Less: direct expenses		. 9b					
		c Net income or (loss) from gan	ning activit	es					
	10	a Gross sales of inventory, less	returns						
		and allowances		10a					
		<b>b</b> Less: cost of goods sold		. 10b	)				
		c Net income or (loss) from sale							
, ]					Business Code				
ons	11 :	a COST SHARE REIMBURSEME	NT		900099	32,077.			32,077.
Miscellaneous Revenue	-	b							
eve		c							
Aisc		d All other revenue							
2		e Total. Add lines 11a-11d				32,077.			
	12	Total revenue. See instructions				10,490,577.	10502230.	0.	-11,653.

232009 12-13-22

Form **990** (2022)

# Form 990 (2022) YAPLUS Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	50,500.			
_	and domestic governments. See Part IV, line 21	30,300.			
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,	127 562			
	trustees, and key employees	427,562.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4 021 446			
7	Other salaries and wages	4,021,446.			
8	Pension plan accruals and contributions (include	170 516			
_	section 401(k) and 403(b) employer contributions)	179,546. 737,103.			
9	Other employee benefits	404,682.			
10	Payroll taxes	404,004.			
11	Fees for services (nonemployees):				
a	Management	203,914.			
b	Legal	45,461.			
С	Accounting	38,660.			
d	Lobbying	30,000.			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	1,832,798.			
12	Advertising and promotion	118,689.			
13	Office expenses	68,233.			
14	Information technology	914,924.			
15	Royalties	J, J V			
16	Occupancy				
17	Travel	30,107.			
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	169,566.			
21	Payments to affiliates	,			
22	Depreciation, depletion, and amortization	1,344,425.			
23	Insurance	42,677.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	MERCHANT FEES	317,449.			
b	TAXES & LICENSES	34,293.			
С	REPAIRS AND MAINTENANCE	14,489.			
d	MISCELLANEOUS	135.			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,996,659.	<del></del>		
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)				200
					Earm <b>990</b> (2022

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Form 990 (2022)
Part X Balance Sheet

YAPLUS

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			567,310.	1	584,046.
	2	Savings and temporary cash investments	8,234,747.	2	2,802,858.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			13,277.	4	12,314.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
۲	9	Description of the second state of the second			278,877.	9	422,206.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,360,488.			
	b	Less: accumulated depreciation	10b	5,336,992.	1,575,982.	10c	1,023,496.
	11	Investments - publicly traded securities				11	5,013,436.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			2,887,803.	14	2,614,677.
	15	Other assets. See Part IV, line 11	522,202.	15	608,667		
	16	Total assets. Add lines 1 through 15 (must equa			14,080,198.	16	13,081,700.
	17	Accounts payable and accrued expenses			493,565.	17	940,511.
	18	Grants payable			4 500 056	18	4 000 000
	19	Deferred revenue			4,508,876.	19	4,292,883.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Ħ		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes		22			
-	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	,	·	4 61E 010		2 052 024
		of Schedule D			4,615,910.		3,953,024.
_	26	Total liabilities. Add lines 17 through 25			9,618,351.	26	9,186,418.
ς,		Organizations that follow FASB ASC 958, che	ck ner				
nce	07	and complete lines 27, 28, 32, and 33.			4,461,847.	07	3,895,282.
ala	27	Net assets without donor restrictions		4,401,047.	27 28	3,093,202.	
d B	28	Net assets with donor restrictions				20	
'n		Organizations that do not follow FASB ASC 9	56, CHE	ck nere			
P	20	and complete lines 29 through 33.				20	
ats	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ed				30 31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			4,461,847.	31	3,895,282.
ž	32 33	Total net assets or fund balances  Total liabilities and net assets/fund balances			14,080,198.	33	13,081,700.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,99	6,6	59.
3	Revenue less expenses. Subtract line 2 from line 1	3	-50	6,0	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,46	1,8	47.
5	Net unrealized gains (losses) on investments	5	-6	0,4	83.
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	3,89	5,2	82.
Pa	rt 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 on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

### **SCHEDULE C** (Form 990)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Employer identification number 38 – 38 4 9 0 1 3     Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1			1(c)(4), (5), or (6) organizat	ions: Complete Part III.				
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 4 Was a correction made? 5 If Yes, "describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function activities 5 Total exempt function activities 5 Ves No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. Also enter the amount of political organization's funds. If none, enter 0	Nam	e of organ					Emplo	
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities \$    Part I-B   Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	_				1: 504( )		_	
2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 \$  2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization ilsted, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization's funds. If none, enter -0.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political organization is received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.	Pa	rt I-A	Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 52	/ org	janization.
1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  1 Yes No 1 Yes No 2 If Yes, "describe in Part IV.    Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).    Enter the amount directly expended by the filling organization for section 527 exempt function activities 2 Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filling organization file Form 1120-POL for this year?  4 Did the filling organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filling organization's funds. If none, enter ·0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.	2	Political ca	ampaign activity expendit	ures				
2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4 Was a correction made?  5 If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filling organization for section 527 exempt function activities  2 Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filling organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.	Pai	rt I-B	Complete if the org	anization is exempt unde	r section 501(c)(3	).		
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3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year? Yes No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0. line 17b organization.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.								
4a Was a correction made?								
Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).    Enter the amount directly expended by the filing organization for section 527 exempt function activities \$   Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$   Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$   Did the filing organization file Form 1120-POL for this year?   Yes   No								
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a Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.	1	Enter the	amount directly expended	by the filing organization for sec	tion 527 exempt function	on activities	\$	
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b			0 0		· ·			
Ine 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.							\$	
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filing organization's funds. If none, enter -0 contributions received and promptly and directly delivered to a separate political organization.			•	• •		·	parato	oogrogated faria of a
filing organization's contributions received and funds. If none, enter -0 below the funds of t			(a) Name	(h) Address	(c) FIN	(d) Amount paid fr	rom	(a) Amount of political
delivered to a separate political organization.			(a) Name	(b) Address	(C) EIIV	1 ' '		` '
political organization.						funds. If none, ente	er -0	
								, ,
					1			

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Schedule C (Form 990) 2022 YAPLUS 38-3849013 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. 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. \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 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.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (a) 2019 (b) 2020 (c) 2021(d) 2022 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures

Schedule C (Form 990) 2022

d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

### 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	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(b)		
	e lobbying activity.	Yes	No	Amo	ount
1	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?	$\vdash$			
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?				
9	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
2 a	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?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	. Х	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				2 io
	answered "Yes."	NO ON (b)	Parti		
1	Dues, assessments and similar amounts from members		1	8,731	.,732.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		3,660.
b	Carryover from last year		2b		2,060.
C			2c	-233	3,400.
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			222	100
_	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		4	-433	3,400.
5 Pa			5		
	rt IV Supplemental Information	liath. David II A		- d O (O	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), Part II-A, I	illies i ai	IU 2 (366	
111311	actions), and if art ind, line it. Also, complete this part for any additional information.				

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

YAPLUS

**Employer identification number** 38-3849013

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  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 v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

## 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements		434,464.	327,886.	106,578.
d Equipment				
e Other		5,926,024.	5,009,106.	916,918.
Total. Add lines 1a through 1e. (Column (d) must ed		an (R) line 10c )		1,023,496.

Schedule D (Form 990) 2022

hedule D (Form 990) 2022 YAPLUS 38 – 3849013 Page 3

Schedule D (Form 990) 2022 YAPLUS		30	-3849013 Page 3
Part VII Investments - Other Securities.	on Form OOO Port IV line	a 11h Cas Farm 000 Port V line 10	
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
ta en	(b) Book value	(c) Wellied of Valuation. Cost of Cha	or year market value
(1) Financial derivatives (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.	5 000 D 1 N 1 I	44 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes" o			-f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-or-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" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 \		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSIT			10,833.
(3) DUE TO YOGA ALLIANCE REGIS	TRY		3,429,177.
(4) LEASE LIABILITY			513,014.
(5)			
(6)			
(7)			
(8)			
(9)			2 052 004
Total. (Column (b) must equal Form 990, Part X, col. (B) line			3,953,024.
2. Liability for uncertain tax positions. In Part XIII, provide t		_	
organization's liability for uncertain tax positions under I	-ASB ASC 740. Check h	nere if the text of the footnote has been pro	vided in Part XIII L

232053 09-01-22

Schedule D (Form 990) 2022

Pai	rt XI Reconciliation of Revenue per Audite	a i manoiai otatomento miti nevenae		
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited finar	ncial statements	1	
2	Amounts included on line 1 but not on Form 990, Part V	III, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but no			
а	Investment expenses not included on Form 990, Part VII	II, line 7b		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form	n 990. Part I, line 12.)	5	
Pa	rt XII Reconciliation of Expenses per Audit		es per Return.	
	Complete if the organization answered "Yes" on I		<u> </u>	
1	Total expenses and losses per audited financial stateme		1	
2	Amounts included on line 1 but not on Form 990, Part IX	· 1 1		
а				
b	Prior year adjustments			
С				
d	,			
е	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not	1 1		
a				
b	Other (Describe in Part XIII.)	4b		
b c	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
b c 5	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fo	4b		
b c 5 <b>Pa</b> i	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.)	5	<u> </u>
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(I,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(I,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	a,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	α,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	α,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	CI,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	α,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	α,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	α,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	C(I,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	(1,
b c 5 <b>Pa</b> l	Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Fort XIII Supplemental Information.	rm 990, Part I, line 18.) Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	5	C(I,

#### SCHEDULE I (Form 990)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization							Employer identification number
YAPLUS							38-3849013
Part I General Information on Grants							
1 Does the organization maintain records							
criteria used to award the grants or ass	sistance?						X Yes  No
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							FUND 10 UNDERESTIMATED
RECLAMATION VENTURES							WELLNESS LEADERS WHO
159 20TH STREET, 1B							OPERATE PHYSICAL WELLNESS
BROOKLYN, NY 11232	84-3046647		50,000.	0.			SPACES.
2 Enter total number of section 501(c)(3)	and government ord	janizations listed in the	e line 1 table				0.
3 Enter total number of other organizatio							1.

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

Schedule I (Form 990) 2022

38-3849013 YAPLUS Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of nonrecipients cash grant cash assistance 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:

THE YOGA ALLIANCE MAKES ASSESSMENTS OF ORGANIZATION THAT CONTAIN THE BEST CHANNEL TO PROVIDE SWIFT AND EQUITABLE SUPPORT TO COMMUNITIES MOST IN NEED. YAPLUS USES A FRAMEWORK AND SET OF CRITERIA TO REVIEW POTENTIAL RECIPIENT ORGANIZATIONS, TO ENSURE THEY ARE ALIGNED WITH OUR FINANCIAL PARAMETERS, ORGANIZATIONAL VALUES, AND INSTITUTIONAL PRIORITIES.

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

YAPLUS

Yaplus

Questions Regarding Compensation

Employer identification number
38-3849013

_			Yes	No
<b>1</b> a	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 use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	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		
2	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		
•				
3	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			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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.			
5	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?	<u>5a</u>		
b	Any related organization?	5b		
	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		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	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	7		
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	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SHANNON ROCHE	(i)	225,733.	0.	0.	7,961.	28,464.		0.	
PRESIDENT & CEO	(ii)	16,991.	0.	0.	599.	2,142.		0.	
(2) ERIN VENNIE	(i)	181,717.	0.	0.	7,969.	32,805.		0.	
SR VP, MEMBERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) HILARY MUGHLOO	(i)	172,663.	0.	0.	6,623.	37,917.		0.	
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) KRISHNA YENDLURI	(i)	168,027.	0.	0.	7,075.	2,832.		0.	
VP, TECHNOLOGY - UNTIL 11/2022	(ii)	18,670.	0.	0.	786.	315.		0.	
(5) JOCELYN PRUDENCIO	(i)	132,570.	0.	0.	6,086.	26,748.		0.	
VP, FINANCE	(ii)	21,581.	0.	0.	991.	4,354.		0.	
(6) MAYA BREUR	(i)	160,624.	0.	0.	6,763.	20,242.		0.	
HEAD OF RESEARCH & YOGA ADVANCEMENT	(ii)	0.	0.	0.	0.	0.		0.	
(7) TONI CAREY	(i)	126,206.	0.	0.	4,857.	7,849.		0.	
VP, STRATEGIC COMMUNICATIONS	(ii)	42,069.	0.	0.	1,619.	2,617.	46,305.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YAPLUS

Employer identification number 38-3849013

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ELEVATED THROUGH EQUITABLE ACCESS TO HIGH QUALITY TEACHING AND PRACTICE

OF YOGA. YOGA ALLIANCE ADVANCES THE EVOLVING PROFESSION OF YOGA

TEACHING AND BROADER CONNECTED COMMUNITY OF STUDENTS, INDIVIDUALS, AND

BUSINESSES THROUGH SUPPORTING THE PROFESSIONAL GROWTH AND DEVELOPMENT

OF YOGA SCHOOLS AND TEACHERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF STUDENTS, INDIVIDUALS, AND BUSINESSES THROUGH SUPPORTING THE

PROFESSIONAL GROWTH AND DEVELOPMENT OF YOGA SCHOOLS AND TEACHERS.

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

THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS. THE INFORMATION IS

PROVIDED BY THE SENIOR ACCOUNTANT AND ACCOUTING MANAGER. THE BOARD RECEIVES

A COPY OF THE FORM 990 BEFORE IT WAS FILED WITH THE IRS.

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

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

ANNUALLY, EACH BOARD MEMBER AND KEY EMPLOYEE IS ASKED TO SIGN A CONSENT

FORM INDICATING THAT THEY WILL NOT ENGAGE IN ACTIONS THAT MAY CONSTITUTE AN

ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST WITH THE MISSION AND

ACTIVITIES OF THE YAPLUS; 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.

IF A CONFLICT OF INTEREST ARISES, THE BOARD CONSIDERS THE MATTER, WITH THE

BOARD MEMBER WITH THE POTENTIAL CONFLICT OF INTEREST RECUSING THEMSELVES

232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization YAPLUS Employer identification number 38-3849013

FORM THE MATTER. WHEN AN EMPLOYEE WISHES TO SERVE ON BOARDS, COMMISSIONS,

OR IN OTHER OUTSIDE ACTIVITIES THAT ARE IN THE PUBLIC INTEREST, THEY MUST

FIRST CONFIRM WITH THE PRESIDENT/CEO THAT THE VOLUNTARY SERVICE IS

APPROPRIATE AND DOES NOT PRESENT A CONFLICT OF INTEREST WITH THEIR WORK FOR

YAPLUS. IF A CONFLICT OF INTEREST ARISES, YAPLUS INTERVIEWS THE EMPLOYEE IN

QUESTION TO REVIEW THE POSSIBLE CONFLICT. IF IT WAS DETERMINED THAT THE

EMPLOYEE HAD A GENUINE CONFLICT OF INTEREST, HE/SHE WOULD BE ASKED TO CEASE

THE ACTIVITY IMMEDIATELY TO CONTINUE WITH EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 15A:

ONE OF THE ROLES OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (BOD)

IS TO REVIEW THE PERFORMANCES OF THE PRESIDENT/CEO AND DETERMINE

COMPENSATION ON AN ANNUAL BASIS. THE BOD DISCUSSES COMPENSATION WITH

OUTSIDE COUNSEL AND PURCHASES DATA THAT COMPARES COMPENSATION FOR

ASSOCIATION AND MEMBERSHIP EXECUTIVES. DATA IS VERY DETAILED AND BREAKS THE

INFORMATION DOWN REGARDING THE ORGANIZATION'S ANNUAL BUDGET, NUMBER OF

EMPLOYEES, YEARS IN POSITION, AND GEOGRAPHIC LOCATION. INFORMATION IS

SHARED AND REVIEWED WITH THE EXECUTIVE COMMITTEE. THE LAST REVIEW TOOK

PLACE IN MAY 2019.

FORM 990, PART VI, SECTION C, LINE 19:

YAPLUS PROVIDES DOCUMENTS UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS 637,698.

TEMPORARY STAFFING CONTRACTORS 543,902.

MEDIA STRATEGY 377,104.

MEMBER ASSISTANCE PROGRAMS 269,528.

Schedule O (Form 990) 2022

Name of the organizat	ion	PLUS	3							Employer	identificatio	on number
HR OUTSOURC												,566.
TOTAL OTHER		ON	FORM	990,	PART	IX,	LINE	11G,	COL A		1,832	
				•		·		•			•	•

#### **SCHEDULE R** (Form 990)

Name of the organization

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.

Department of the Treasury Internal Revenue Service

YAPLUS

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

38-3849013

(a)	(b)	(c)	(d)	(e)	)	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I		ır assets Direc		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	e or more related tax-ex	cempt	
(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	<b>g)</b> 512(b)(13) trolled tity?
		,,		501(c)(3))		Yes	No
YOGA ALLIANCE REGISTRY DBA YOGA ALLIANCE							
FOUNDATION - 94-3079524, 4201 WILSON BLVD, STE 600, ARLINGTON, VA 22203	SOCIAL IMPACT THROUGH YOGA	NAMIBIA	501(C)(3)	LINE 10	YAPLUS		Х
For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.				Schedule	R (Form 99	90) 2022

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate allocations?		Code V-UBI	General or managing partner?  Yes No	Percentage	
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets			20 of Schedule		ownersnip	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o	
											<u> </u>	

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

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38-3849013

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No_
1	During the tax year, did the organization engage in any of the following transactions with one or mo	ore re	lated organizations listed in	n Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X	
	Gift, grant, or capital contribution to related organization(s)				1b		_X_
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	d Loans or loan guarantees to or for related organization(s)				1d	X	
	Loans or loan guarantees by related organization(s)				1e	X	
f	Dividends from related organization(s)				1f		X
	g Sale of assets to related organization(s)				1g		X
	n 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		X
	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	
					10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		X
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		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	lete th	is line, including covered re	elationships and transaction thresholds.			
	(a) (b)  Name of related organization Transactio type (a-s)		(c) Amount involved	(d) Method of determining amount invo	olved		
(1) \	YOGA ALLIANCE REGISTRY (YAR) A		145,106.	LICENSING AGMT			

Name of related organization

(a) Transaction Transaction type (a·s)

(b) Transaction Transaction type (a·s)

(c) Amount involved

Method of determining amount involved

(d) Method of determining amount involved

(1) YOGA ALLIANCE REGISTRY (YAR)

A 145,106. LICENSING AGMT

(2) YOGA ALLIANCE REGISTRY (YAR)

D 237,945. DUE FROM YAR

(3) YOGA ALLIANCE REGISTRY (YAR)

E 3,429,177. BOOK

(4) YOGA ALLIANCE REGISTRY (YAR)

N 32,077. COST SHARE AGREEMENT

(5) YOGA ALLIANCE REGISTRY (YAR)

O 906,964. FOUNDATION PERSONNEL CHARGES

(6) YOGA ALLIANCE REGISTRY (YAR)

R 169,566. INTEREST BOOKED

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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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner?  Yes No	(k) r Percentage ownership