Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



AF	or the	e 2021 calendar year, or tax year beginning and e	ending		
B C a	heck if oplicabl	e: C Name of organization		D Employer identi	fication number
X	Addre chang	ss YAPLUS			
	Name chang			38-3849013	3
	Initial		Room/suite	E Telephone numb	er
		A201 WILSON BLUD SULTER #600		(571) 482-3	355
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,697,400.
	Amen	ARLINGION, VA 22203		H(a) Is this a group	return
	Applic tion pendii	F Name and address of principal officer. Shawoon Room		for subordinate	es? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates	included? Yes No
		empt status: 501(c)(3) 🗴 501(c) (6) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach	a list. See instructions
		te: WWW.YOGAALLIANCE.ORG		H(c) Group exempti	
		organization: X Corporation Trust Association Other	L Year	of formation: 2011	M State of legal domicile: VA
Pa	rt I	Summary			
é	1	Briefly describe the organization's mission or most significant activities:	IEDULE O		
Governance	•				4 -
'ern		Check this box i if the organization discontinued its operations or dispose		1	
g					
8		Number of independent voting members of the governing body (Part VI, line 1b)			
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		H	
Activities &		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			
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		0	. 0.
Revenue	9	Program service revenue (Part VIII, line 2g)		11,503,146	. 11,103,653.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,857	. 4,040.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		485,532	. 160,592.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,996,535	. 11,268,285.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	. 25,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,143,992	, ,
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,747,152	· · ·
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,891,144	
	19	Revenue less expenses. Subtract line 18 from line 12		2,105,391	. 1,775,436.
Net Assets or Fund Balances			Be	ginning of Current Year	
sset	20	Total assets (Part X, line 16)		13,334,922	· · ·
at As	21	Total liabilities (Part X, line 26)		10,648,511	
		Net assets or fund balances. Subtract line 21 from line 20		2,686,411	4,461,847.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of	officer			Date				
Here		SHANNON	ROCHE, PRESIDENT AND CEO							
		Type or prin								
	Prin	t/Type prepare	er's name	Preparer's signature	Date	Check	PTIN			
Paid	MERE	EDITH BELI	L	MEREDITH BELL	11/15/22	if self-employed	P01696827			
Preparer	Firm	's name 🕒	RSM US LLP			Firm's EIN 🕨 🍕	2-0714325			
Use Only	Firm	's address 🕨	1250 H STREET, SUITE 700)						
	WASHINGTON, DC 20005 Phone no.202									
May the II	RS di	scuss this re	eturn with the preparer shown abo	ve? See instructions			X Yes	No		
							00	0 (

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eilo a	conarato	application	for oach	roturn
· File a	separate	application	tor each	i return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

YAPLUS Number, street, and room or suite no. If a P.O. box, se 4201 WILSON BLVD SUITE #600				20 20	40012			
	Type or print Name of exempt organization or other filer, see instructions. Taxpayer identification number (T VAPLUS 38-3849013							
4201 WILSON BLVD SUITE #600	ee instruct	ions.						
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22203								
Return Code for the return that this application is for (file	e a separat	e application for each return)				0 1		
on	Return	Application				Return		
	Code	Is For				Code		
or Form 990-EZ	01	Form 1041-A				08		
) (individual)	03	Form 4720 (other than individual)				09		
PF	04	Form 5227				10		
T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
T (trust other than above)	06	Form 8870				12		
T (corporation)	07							
rganization does not have an office or place of business s for a Group Return, enter the organization's four digit G . If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the organization is for the organization is for the organization the group of the extension is for the organization the group of th	Aroup Exe and atta NOVEMBE anization's	ted States, check this box	f this is fo all member the exem	r the whole ers the extension opt organiza	group, che ension is foi	r.		
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a \$ any nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and as estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 3c \$								
	or Form 990-EZ D (individual) PF T (sec. 401(a) or 408(a) trust) T (trust other than above) T (corporation) JOCELYN PRUDENCIO, CPA oks are in the care of ▶ 4201 WILSON BLVD SUITH one No. ▶ (571) 482-3355 rganization does not have an office or place of business s for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶ [uest an automatic 6-month extension of time until organization named above. The extension is for the organization ramed above. The extension is for the organization ramed above. The extension is for the organization named above. The extension is for the organization ramed above. The extension is for the organization is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 6069 nated tax payments made. 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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Part III Statement of Program Service Accomplishments Image: Check: Standa: Contains a reprose or note to any line in the Part II Image: Check: Standa: Contains a reprose or note to any line in the Part II Image: Check: Standa: Contains a reprose or note to any line in the Part II Image: Check: Standa: Contains and Part Check: Standard Ch	Form	990 (2021) YAPLUS	38-384901	³ Page 2
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YOOA ALLIANCE IS A MEMBER BASED, NON-PROFIT 501(C)(6) ORANIZATION THAT SERVES YOOA SCHOULS AND TEACHES ACROSS THE GLOBE, FROVIDING WORLD-RECONNIZED, BEST-IN-CLASS CREDENTIALS AND UNIFYING ITS MEMBERS AROUND A SHARED ETHICAL COMMITMENT, AS THE LARGEST NON-PROFIT ASSOCTATION SERVING THE GUOAL YOOA COMMUNTY, YOOA ALLANCE NOT ONLY SEEKS TO ADVANCES THE EVOLVING FROPESSION OF YOOA BUT DEMONSTRATE THE POWEFULU, IMPACT YOOA CAN HAVE IN MARING THE WORLD A BETTER FLACE, YOGA ALLIANCE'S GOAL IS TO SUPPORT AND FOSTER THE HIGH QUALITY, SAPE, ACCESSIBLE, AND EQUITABLE TEACHING OF YOGA AND DELIVER A STRONG VALUE PROPOSITION TO MEMBERS THROUGH COMMITTY = UNILDING INITITVES, EDUCATIONAL RESOURCES, ADVOCACY EFFORTS, AND SOCIAL IMPACT FROGRAMS, 40 (code:) (Expenses S				
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	4e	Total program service expenses		

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Pa	rt 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		x
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	N/A	
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	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<u> </u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		w	
	Part VI	<u>11a</u>	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	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		
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	1

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/A	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	N/A	
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		X
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
	Part V, line 1	34	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?		NT / 7	1
	If "Yes," complete Schedule R, Part V, line 2	36	N/A	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	6-		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ĺ
ı al	Check if Schedule O contains a reasonable or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V		N N	
	Enter the number reported in box 3 of Form 1096 Enter -0- if not applicable		Yes	No
-				
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4 -	х	
	(gambling) winnings to prize winners?	1c	- 23	L

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Par	TV 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	
~	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instructions.			
3a		3a		x
		3b		
-	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
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?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). N/A			
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			
-	to file Form 8282?	7c		
Ь		10		
e		7e		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A	
g L		7g 7b	N/A	
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	11/11	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
•		8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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		
	Note: 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			
с	Enter the amount of reserves on hand			
14a		14a		x
			<u> </u>	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		X
	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	í 	X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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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Par		a "No" r	respon	se
	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	<u></u>		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	1		
	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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	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 reached at the			v
800	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10-		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	х	<u> </u>
-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
b 120		12a	х	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
я	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15a		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 with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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 990-T (section 501(c)(3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
	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 books and records			
	JOCELYN PRUDENCIO, CPA - (571) 482-3355			
	4201 WILSON BLVD SUITE #600 , ARLINGTON, VA 22203			

Form 990 (2		38-3849013	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	t Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year en	ding 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		ane	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week		cer ar I	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) SHANNON ROCHE	36.55									
PRESIDENT AND CEO	3.45			х				240,225.	22,675.	40,458.
(2) KRISHNA YENDLURI	35.79									
VICE PRESIDENT OF TECHNOLOGY	4.21					X		216,731.	25,495.	9,689.
(3) ERIN VENNIE	40.00									
SR. VICE PRESIDENT OF MEMBERSHIP	0.00					X		198,146.	0.	46,534.
(4) HILARY MUGHLOO	36.93									
CHIEF OF STAFF	3.07					X		161,065.	13,390.	47,646.
(5) CHRISTA KUBERRY	40.00									
VICE PRESIDENT OF STANDARDS	0.00					X		176,981.	0.	29,834.
(6) JOCELYN PRUDENCIO	33.56									
VICE PRESIDENT OF FINANCE	6.44			х				138,668.	26,610.	39,751.
(7) MARCUS WADE	34.02									
VICE PRESIDENT OF PEOPLE & CULTURE	5.98					X		141,167.	24,799.	24,459.
(8) KERRY MAIORCA	5.00									
BOARD CHAIR	5.00	Х		Х				0.	0.	0.
(9) TERRI MCDERMOTT VICE CHAIR	3.00			x				0.	0.	
(10) MARION "MUGS" MCCONNELL		X		X				U.	0.	0.
SECRETARY	3.00	x		x				0.	0.	0
		~		~				· · ·	0.	0.
(11) ARUN TILAK TREASURER	3.00	x		x				0.	0.	0.
(12) SWAMI ASOKANANDA	3.00	^	-	^		-		· · ·	0.	0.
BOARD MEMBER	3.00	x						0.	0.	0.
(13) DAVID PRYOR JR.	3.00							·.	••	
BOARD MEMBER	3.00	x						0.	0.	0.
(14) STAFFAN ELGELID	3.00									
BOARD MEMBER	3.00	x						0.	0.	0.
(15) LESLIE SALMON JONES	3.00									
BOARD MEMBER	3.00	х						0.	0.	0.
(16) SARAHJOY MARSH	3.00									
BOARD MEMBER	3.00	x						0.	0.	٥.
(17) SARASWATHI VASUDEVAN	3.00									
BOARD MEMBER	3.00	х						0.	0.	0.
										E

Form 990 (2021) YAPLUS									38-38	49013	8	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i) than o s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	n	an	(F) timate tount other	of
	(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	com fr org and	pensa om th anizat d relat inizati	ation le tion ted
(18) JO-ANN BANCE	3.00		_		×		_						
BOARD MEMBER	3.00	х						0.		٥.			0.
(19) THIERRY CHIAPELLO BOARD MEMBER (THRU 6/30/21)	3.00	x						0.		٥.			0.
1b Subtotal	1b Subtotal 1,272,983. 112,969.				969.		238,	371.					
c Total from continuation sheets to Part VI								0.	112,9	0.		0.	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not set to the set of the se							o re					230,	571.
compensation from the organization						,		· · · ·	•				20
3 Did the organization list any former officer,	diractor truct			mol	0.10	o or	hia	bast componented ampl	0,000 00	ſ		Yes	No
line 1a? If "Yes," complete Schedule J for su			•	•	-		Ŭ	• • •		- 1	3		x
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a										- 1	_		v
rendered to the organization? <i>If "Yes." com</i> Section B. Independent Contractors	plete Schedule	e J f	or sı	<u>ich r</u>	oers	on .					5		X
1 Complete this table for your five highest con	npensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensati	on fro	m	
the organization. Report compensation for t													
(A) Name and business	address							(B) Description of s	ervices	C	(C ompei		'n
TRICIAPEDIA							_	VIRTUAL EVENT PROD			mper	Ioutio	
1593 S BARTON ST, ARLINGTON, VA 22204	1							STRATEGIC REM				208,	894.
PERKINS COIE LLP, 1201 THIRD AVENUE,	SUITE												
4900, SEATTLE, WA 98101					_	LEGAL COUNCIL				185,	193.		
PILLSBURY WINTHROP SHAW PITTMAN LLP, 1200													
SEVENTEETH STREET NW, WASHINGTON, DC 20036							_	LEGAL COUNCIL				183,	491.
JAMIE BARAKCHIAN, 1575 HARBOR BLVD AN #3718, WEEHAWKEN, NJ 07086								COPYWRITING CONTEN	T SUPPORT			145	180.
LAUREN D'ANGELO							-	CONTEN	- 201101(1			,	
221 LAKE GROVE RD, SIMPSONVILLE, SC 29681								COPYWRITING CONTEN	T SUPPORT			140,	565.
2 Total number of independent contractors (ir	•	ot lir	nited	d to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation 🕨				(6							

ar	t VII	Statement of Re	even	ue						
		Check if Schedule O	<u>conta</u>	ains a respo	nse or note to	any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde
<i>.</i> ,	1.0	Federated campaigns		1a						sections 512 - 5
and Other Similar Amounts		Membership dues								
ō		Fundraising events								
r A		Related organizations								
nila		Government grants (conti								
ŝ		All other contributions, gifts,								
the		similar amounts not included								
Ó	g	Noncash contributions included in	lines 1	1a-1f 1g	6					
an	h	Total. Add lines 1a-1f								
					Busines	s Code				
	2 a				90009		9,075,704.	9,075,704.		
е	b	MEMBERSHIP FEES			90009	9	2,027,949.	2,027,949.		
ent	с									
Revenue	d				—					
	e									
		All other program service Total. Add lines 2a-2f					11,103,653.			
	<u>y</u> 3	Investment income (includ					11,100,000.			
	5	other similar amounts)	•	-	-		4,040.			4,04
	4	Income from investment of					· · · · ·			,
	5	Royalties		•	·	. F	148,766.			148,76
		,		(i) Rea						
	6 a	Gross rents	6a	65,0	00.					
			6b	429,1	.15.					
	с	Rental income or (loss)	6c	-364,1	.15.					
	d	Net rental income or (loss	s)			🕨	-364,115.			-364,11
	7 a	Gross amount from sales of		(i) Securit	ies (ii) O	ther				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
		Gain or (loss)								
		Net gain or (loss)				🕨				
	8 a	Gross income from fundraisi including \$	-							
'		contributions reported on								
		Part IV, line 18		,	8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			· · · ·					
		Gross income from gamir								
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s <u></u>	🕨				
	10 a	Gross sales of inventory,	less	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales	s of invento						
					Busines					
е		COST SHARE REIMBURS	SEME		90009		375,528.			375,52
Revenue	b	OTHER			90009	у	413.			41
Bev	c				_					
1		All other revenue					275 044			
- 1	е	Total. Add lines 11a-11d					375,941. 11,268,285.			

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	25,000.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	454,409.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,128,202.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	147,095.			
9	Other employee benefits	54,613.			
10	Payroll taxes	325,537.			
11	Fees for services (nonemployees):				
а	Management				
b	Legal	173,601.			
С	Accounting	25,204.			
d	Lobbying	90,249.			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		1 710 (1)			
	column (A), amount, list line 11g expenses on Sch 0.)	1,710,613.			
12	Advertising and promotion	168,451.			
13	Office expenses	20,395.			
14	Information technology	715,769.			
15	Royalties				
16		2,359.			
17		2,555.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	26,055.			
19 20	н Г	202,395.			
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	807,687.			
23	Insurance	40,652.			
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	326,695.			
b	TAXES & LICENSES	18,123.			
с	REPAIRS & MAINTENANCE	11,189.			
d	PAYROLL SERVICE FEES	9,297.			
е	All other expenses	9,259.			
25	Total functional expenses. Add lines 1 through 24e	9,492,849.			
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)				- 000 (2223)

Form 990 (2021) Part IX Statement of Functional Expenses

YAPLUS

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

<u>m 99</u> art)		2021) YAPLUS Balance Sheet				38-3	849013 Page 1
	~	Check if Schedule O contains a response or not	e to anv l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			573,780.	1	567,310
	2	Savings and temporary cash investments	7,266,347.	2	8,234,747		
		Pledges and grants receivable, net				3	
		Accounts receivable, net			16,981.	4	13,277
		Loans and other receivables from any current or					· · · · · · · · · · · · · · · · · · ·
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
, ,	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
		Inventories for sale or use			8		
	9	B 1.1 1.1 C 1.1			215,308.	9	278,877
		Land, buildings, and equipment: cost or other			,	-	,
"	•	basis. Complete Part VI of Schedule D	10a	5,954,386.			
	h	Less: accumulated depreciation		4,378,404.	1,554,046.	10c	1,575,982
1		Investments - publicly traded securities	, , , .	11	, ,		
12		Investments - other securities. See Part IV, line 1		12			
1:		Investments - program-related. See Part IV, line		13			
14		Intangible assets	3,369,102.	14	2,887,803		
1		Other assets. See Part IV, line 11	339,358.	15	522,202		
10		Total assets. Add lines 1 through 15 (must equ		13,334,922.	16	14,080,198	
17		Accounts payable and accrued expenses	490,002.	17	493,565		
18		Grants payable		18			
19		Deferred revenue		4,669,174.	19	4,508,876	
20					-,,	20	-,,
2		Tax-exempt bond liabilitiesEscrow or custodial account liability. Complete				20	
0		Loans and other payables to any current or form				21	
	2	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				22	
2	2	Secured mortgages and notes payable to unrela	-			22	
24		Unsecured notes and loans payable to unrelated				23 24	
2		Other liabilities (including federal income tax, pa				24	
2.	5	parties, and other liabilities not included on lines					
		•		· .	5,489,335.	25	4,615,910
26	6	of Schedule D Total liabilities. Add lines 17 through 25			10,648,511.	25 26	9,618,351
	0	Organizations that follow FASB ASC 958, che	ok horo	► X	10,010,011.	20	5,010,001
2		and complete lines 27, 28, 32, and 33.					
2	7				2,686,411.	27	4,461,847
28			-,,	28	-,,		
	0	Organizations that do not follow FASB ASC 9		20			
5		and complete lines 29 through 33.					
27 28 29 30 30 31	٩	Capital stock or trust principal, or current funds				29	
	-	Paid-in or capital surplus, or land, building, or ec				30	
3						30	
		Retained earnings, endowment, accumulated in			2,686,411.	31	4,461,847
2 32		Total net assets or fund balances			13,334,922.	32	14,080,198

Form **990** (2021)

Form	990 (2021) YAPLUS	38-3849013	;	Pa	_{ge} 12
Par	t 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	11	268,	285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	492,	849.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,775	436.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	686,	411.
5	Net unrealized gains (losses) on investments	5			
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	4	461,	847.
Par	t 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 (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	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?	L	2b	X	<u> </u>
	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	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?	L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L

Form **990** (2021)

For Organizations Exempt From Income Tax Under section 501(c) and section 527									
Department of the Treasury	Complete	if the organization is described	below. 🕨 Attach te	o Form 990 or Form 9	90-EZ.	Open to Public			
Internal Revenue Service		Go to www.irs.gov/Form990 for	instructions and the	latest information.		Inspection			
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	ne 46 (Political Camp	aign Acti	vities), then			
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.						
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below.	. Do not complete Part	I-B.				
 Section 527 organization 	ations: Complete	e Part I-A only.							
If the organization answ	wered "Yes," on	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, li	ine 47 (Lobbying Activ	vities), th	en			
 Section 501(c)(3) org 	ganizations that h	nave filed Form 5768 (election und	der section 501(h)): Co	omplete Part II-A. Do n	ot comple	ete Part II-B.			
	•	nave NOT filed Form 5768 (election	•			•			
If the organization answ Tax) (See separate inst		ı Form 990, Part IV, line 5 (Proxy	r Tax) (See separate i	instructions) or Form	990-EZ,	Part V, line 35c (Proxy			
 Section 501(c)(4), (5)), or (6) organizat	ions: Complete Part III.							
Name of organization					Employe	er identification number			
	YAPLUS					38-3849013			
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c)	or is a section 52	7 orgar	nization.			
 Provide a description Political campaigner Volunteer hours for 	activity expendit								
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3).					
-		incurred by the organization unde			▶ \$				
		incurred by organization manager							
		n 4955 tax, did it file Form 4720 f				Yes No			
b If "Yes," describe in									
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section 5	01(c)(3)				
1 Enter the amount d	lirectly expended	by the filing organization for sec	tion 527 exempt funct	tion activities	▶\$				
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for se	ection 527					
exempt function ac	tivities				▶\$				
		. Add lines 1 and 2. Enter here an			▶\$				
		1120-POL for this year?				Yes No			
5 Enter the names, and made payments. For contributions receive	ddresses and en or each organiza ved that were pro	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid) of all section 527 po from the filing organiz separate political orga	litical organizations to zation's funds. Also en anization, such as a se	which the ter the an	nount of political			
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's co er-0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
			1	1	1				

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

SCHEDULE C

(Form 990)

Schedule C (Form 990) 2021	YAPLUS				849013 Page 2	
Part II-A Complete if the org	anization is exen	npt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ection under	
section 501(h)).	tion la classica de la come (f ')					
	•	••••	n Part IV each affiliated g	group member's nam	ie, address, EIN,	
	re of excess lobbying e	• •	voviciono onnh			
Lim	ation checked box A ar its on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals	
(The term "expen	ditures" means amou	nts paid or incurred	.)	totals		
1a Total lobbying expenditures to infl	uence public opinion (grassroots lobbying)				
b Total lobbying expenditures to infl						
c Total lobbying expenditures (add l	ines 1a and 1b)					
d Other exempt purpose expenditur						
e Total exempt purpose expenditure	es (add lines 1c and 1d)				
f Lobbying nontaxable amount. Ent	er the amount from the	e following table in bo	th columns.			
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable an	nount is:			
Not over \$500,000	20% of 1	the amount on line 1e	<u>. </u>			
· · · · · · · · · · · · · · · · · · ·	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 0.0 \$100,000 plus 15% of the excess over \$500,000					
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,500,000 but not over \$17	· · · · · · · · · · · · · · · · · · ·	0 plus 5% of the exce	ess over \$1,500,000.			
Over \$17,000,000	\$1,000,	000.				
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to) 	o or less, enter -0- ero on either line 1h or l year? 4-Year Ave hat made a section 50	line 1i, did the organiz eraging Period Unde	r Section 501(h) have to complete all of		Yes No	
	•		ear Averaging Period			
		j				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(1	o)
	lobbying activity.	Yes	Νο	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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
q	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t 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?				Х
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			Х	
Par	t 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 " answered "Yes."	No" OR (I	b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1	9,	075,704.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		90,249.
	Carryover from last year			-	362,309.
	Total			-	272,060.
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5	-	272,060.
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

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

SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 99) 0)
----------	-----------------

132051 10-28-21

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



Employer identification number

2	0	- 3	oл	٥ ٥	1	2
3	۰ 0	- 3	04	90	T.	2

	YAPLUS			38-3849013
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) F	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	, , , ,	0	
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recreation		of a historica	ally important land area
	Protection of natural habitat			historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conse	vation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а			2	a
b				
c	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			<u> </u>
u	listed in the National Register	-		d
3	Number of conservation easements modified, transferred, rele			
U	year	cased, extinguished, or terminated by the	c organizati	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per	•		
U	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
U		narialing of violations, and emotoling con		aschients during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation pasem	ents during the year
•	\$	ing of violations, and emotoring conserve		onto danng the your
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			
Ũ	balance sheet, and include, if applicable, the text of the footn	1		
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simi	ilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95		and balance	e sheet works
14	of art, historical treasures, or other similar assets held for pub	, 1		
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			eet works of
D.	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in full	inerance of	public service,
			•	► \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of art, historical trea	asuras, or other similar assats for financia		
2			a yan, prov	
~	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	-	•	▶ \$
a b	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021
	i or i aper work neuround activotice, see the instructions			Jonedule D (FUIII 330) 2021

Sche	dule D (Form 990) 2021 YAPLUS						38-384		Pa	ige 2
Par	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, or C	Other S	imilar	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check any of the	following that m	ake signi	ficant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c	d 🗌 Loan or ex	change program						
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	n how they further	the organization's	s exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	-	-	-						
	to be sold to raise funds rather than to be mai	ntained as part of t	he organization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang						, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part		-							
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contribution	ns or other assets	s not incl	uded				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII. (
Par	t V Endowment Funds. Complete if	the organization ar	nswered "Yes" on F	orm 990, Part IV,	, line 10.					
		(a) Current year	(b) Prior year	(c) Two years b	back (d)	Three y	ears back	(e) Four :	years t	Jack
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment 🕨 _		_%							
b	Permanent endowment	%								
с	Term endowment	ó								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	and administered	for the o	rganiza	ition	_		
	by:							`	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)	$ \rightarrow $	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requi	red on Schedule R?	>				3b		
4	Describe in Part XIII the intended uses of the o		wment funds.							
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	D, Part IV, line 11a.	See Form 990, P	art X, line	e 10.				
	Description of property	(a) Cost or o basis (investr		st or other s (other)	(c) Accu depre	imulate ciation	d	(d) Book	value	1
1a	Land									
	Buildings									
	Leasehold improvements			434,464.		185,	783.	2	248,6	581.
	Equipment									
	Other			5,519,922.	4	,192,	621.	1,3	327,3	301.
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B), line	10c.)				1,5	575,9	982.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 YAPLUS			38-3849013	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market	value
			cha or your market	Value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u>				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
	on Form 000 Dort IV line	11d Cap Form 000 Part V line 15		
Complete if the organization answered "Yes"		The See Form 990, Part X, line 15.		
	Description		(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) LOAN PAYABLE TO YOGA ALLIANCE REGISTR	Y			111,775.
(3) DEFERRED RENT LIABILITY				301,183.
(4) DEFERRED TENANT IMPROVEMENT ALLOWANCE				192,119.
(5) TENANT SECURITY DEPOSIT				10,833.
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		► <u>4</u> ,	615,910.

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

Sche	dule D (Form 990) 2021 YAPLUS			38-384	49013 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	11,697,400.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	11,697,400.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		-429,115.		
с	Add lines 4a and 4b			4c	-429,115.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,268,285.
Par	t XII Reconciliation of Expenses per Audited Financial Sta	atements With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	9,921,964.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)		429,115.		
е	Add lines 2a through 2d			2e	429,115.
3	Subtract line 2e from line 1			3	9,492,849.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				i
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	9,492,849.
	t XIII Supplemental Information.	0,7			<u> </u>
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			; Part X, li	ne 2; Part XI,
	XI, LINE 4B - OTHER ADJUSTMENTS: AL EXPENSE REPORTED ON PART VIII	-429,115.			
RENT	AL EXPENSE REPORTED ON PART VIII	-429,115.			

429,115.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE REPORT ON PART VIII

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.											
Department of the Treasury Internal Revenue Service		► Go to www.i	Attach to For rs.gov/Form990 fo		nation.		Open to Public Inspection					
Name of the organization YAPLUS			•				Employer identification number 38-3849013					
Part I General Information on Grants a												
1 Does the organization maintain records criteria used to award the grants or assis	stance?											
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to recipient that received more than a	Domestic Organi	zations and Domesti	c Governments. C	complete if the org	anization answered "	Yes" 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					
GLOBAL GIVING'S INDIA COVID-19 RELIEF FUND - 1 THOMAS CIRCLE, SUITE 800 - WASHINGTON, DC 20005	30-0108263	501(C)(3)	12,500.	0.			SUPPORT OF THE COVID-19 CRISIS IN INDIA					
AMERICAN INDIA FOUNDATION 211 E 43RD ST, SUITE 1900 NEW YORK, NY 10017	13-4159765	501(C)(3)	12,500.	0.			SUPPORT OF THE COVID-19 CRISIS IN INDIA					
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	l le line 1 table				2. 0. Schedule I (Form 990) 2021					

Schedule I (Form 990) 2021 YAE

YAPLUS

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 ORGANIZATIONS THAT CONTAIN THE BEST

CHANNEL TO PROVIDE SWIFT AND EQUITABLE SUPPORT TO COMMUNITIES MOST IN NEED.

THEY USED 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.

-				ion Information	0	MB No. 1	1545-004	17
(Foi	rm 990)			rustees, Key Employees, and Highest		20	21	
				ated Employees ered "Yes" on Form 990, Part IV, line 23.		20		
Depart	ment of the Treasury		Attach	to Form 990.	C	pen to		ic
	I Revenue Service		m990 foi	r instructions and the latest information.	-	Inspe		
Nam	e of the organization				Employer ident		on nui	nber
Pa		s Regarding Compensation			38-3849	013		
Га							Vee	
10	Check the energy	into hav(ap) if the argonization provided	onv of th	a following to ar far a paraon listed on Form (000		Yes	No
а		line 1a. Complete Part III to provide any		e following to or for a person listed on Form 9	19 0,			
		· · · ·	relevant					
	First-class or c			Housing allowance or residence for person Developments for business use of personal res				
	Travel for com	•		Payments for business use of personal res Health or social club dues or initiation fees				
		cation and gross-up payments		-				
	Discretionary	spending account		_ Personal services (such as maid, chauffeur	, chet)			
h	If any of the bayes	on line 12 are checked did the event	tion falls	w a written policy regarding payment or				
u	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							
2	•			, , , , , , , , , , , , , , , , , , , ,		1b		
				lowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director	r, regardi	ng the items checked on line 1a?		2		
2	ladiaatabiab if a							
3				blish the compensation of the organization's				
			•	tes for methods used by a related organizatio	n to			
	·	ation of the CEO/Executive Director, but	explain	7				
	Compensatior			☐ Written employment contract				
		compensation consultant	X					
	X Form 990 of o	ther organizations	X	Approval by the board or compensation co	ommittee			
4	During the year did	d any parage listed on Form 000. Dort \//	Conting	A line to with respect to the filing				
4		d any person listed on Form 990, Part VI	i, Section	r A, line ra, with respect to the hilling				
_	organization or a re	•	10					x
		ce payment or change-of-control paymen				4a		X
	-	ceive payment from a supplemental non	-			4b		X
		ceive payment from an equity-based com	-			4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the	e applica	ble amounts for each item in Part III.				
	Only an ation 504(s			vet examplete lines 5.0				
		c)(3), 501(c)(4), and 501(c)(29) organiza		-				
5			, aid the	organization pay or accrue any compensatior	I			
	contingent on the r					-		
						5a		<u> </u>
						5b		
		or 5b, describe in Part III.						
			, did the	organization pay or accrue any compensatior	1			
	contingent on the r							
						6a		
						6b		
		or 6b, describe in Part III.						
				organization provide any nonfixed payments				
						7		
				pursuant to a contract that was subject to the	e			
		eption described in Regulations section 5				8		
9		lid the organization also follow the rebut	-					
						9		
LHA	For Paperwork R	eduction Act Notice, see the Instruction	ons for F	orm 990.	Schedule	J (Forn	n 990)	2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SHANNON ROCHE	(i)	239,311.	914.	0.	7,190.	29,778.	277,193.	0.
PRESIDENT AND CEO	(ii)	22,589.	86.	0.	679.	2,811.	26,165.	0.
(2) KRISHNA YENDLURI	(i)	175,572.	41,159.	0.	8,669.	0.	225,400.	0.
VICE PRESIDENT OF TECHNOLOGY	(ii)	20,653.	4,842.	0.	1,020.	0.	26,515.	0.
(3) ERIN VENNIE	(i)	197,146.	1,000.	0.	7,619.	38,915.	244,680.	0.
SR. VICE PRESIDENT OF MEMBERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HILARY MUGHLOO	(i)	160,142.	923.	0.	5,913.	38,076.	205,054.	0.
CHIEF OF STAFF	(ii)	13,313.	77.	0.	492.	3,165.	17,047.	0.
(5) CHRISTA KUBERRY	(i)	175,981.	1,000.	0.	7,207.	22,627.	206,815.	٥.
VICE PRESIDENT OF STANDARDS	(ii)	0.	0.	0.	0.	٥.	0.	٥.
(6) JOCELYN PRUDENCIO	(i)	137,829.	839.	0.	5,761.	27,590.	172,019.	٥.
VICE PRESIDENT OF FINANCE	(ii)	26,449.	161.	0.	1,106.	5,294.	33,010.	0.
(7) MARCUS WADE	(i)	140,316.	851.	0.	5,702.	15,102.	161,971.	٥.
VICE PRESIDENT OF PEOPLE & CULTURE	(ii)	24,650.	149.	0.	1,002.	2,653.	28,454.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

38 - 3849013

Part III Supplemental Information

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

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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.



Employer identification number 38-3849013

YAPLUS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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 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 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR

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

WITH THE IRS.

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

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

FORM INDICATING THAT 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

Name of the organization

YAPLUS

Employer identification number 38-3849013

BOARD MEMBER WITH THE POTENTIAL CONFLICT OF INTEREST RECUSING THEMSELVES

FROM 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 VII, SECTION A:

YAPLUS (D/B/A AS YOGA ALLIANCE) IS RELATED TO YOGA ALLIANCE REGISTRY

Schedule O (Form 990) 2021	Page
Jame of the organization YAPLUS	Employer identification number 38-3849013
D/B/A YOGA ALLIANCE FOUNDATION), A 501(C)(3) ORGANIZATION. YAPLUS PAYS	
LL OF THE COMPENSATION AND ISSUES THE W-2S FOR ALL THE EMPLOYEES OF	
LL OF THE COMPENSATION AND ISSUES THE W-25 FOR ALL THE EMPLOYEES OF	
HE ORGANIZATIONS. YOGA ALLIANCE REGISTRY REIMBURSES YAPLUS FOR THE	
ORK DONE FOR YOGA ALLIANCE REGISTRY THROUGH A COST SHARE AGREEMENT	
OK DONE FOR TOGR ADDIANCE REGISTRI THROUGH A COST SHARE AGREEMENT	
ETWEEN THE TWO ENTITIES.	

SCH	EDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

YAPLUS

Employer identification number 38-3849013

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

		1		1	
(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity	· · · · · · · · · · · · · · · · · · ·	foreign country)			entity
		loreigir country)			c
	1				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
YOGA ALLIANCE REGISTRY D/B/A YOGA ALLIANCE							
FOUNDATION - 94-3079524, 4201 WILSON BLVD							
SUITE 600, ARLINGTON, VA 22203	SOCIAL IMPACT THROUGH YOGA	WASHINGTON	501(C)(3)	LINE 10	YAPLUS		х
	-						
	-						

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

Schedule R (Form 990) 2021

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.

		-	())	()	(0)	()			(1)			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling entity			Share of total income		tions?	amount in hav		or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	10	
	-											
	-											
	-											
	1											
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	1											
	{											
	4											

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	(state or foreign		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total b, income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	controlled entity?	
		country)						Yes	No	
									<u> </u>	
								<u> </u>	<u> </u>	
]									

Schedule R (Form 990) 2021 YAPLUS

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		,	
Gift, grant, or capital contribution from related organization(s)		:	
Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)	<u>1e</u>	X	
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)		X	
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)		<u>۱</u>	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	-
Sharing of paid employees with related organization(s)		, x	:
Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
Reimbursement paid by related organization(s) for expenses		4	-
Other transfer of cash or property to related organization(s)	<u>1r</u>	x	
Other transfer of cash or property from related organization(s)	1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) YOGA ALLIANCE REGISTRY	E	332,302.	ACTUAL AMOUNT
(2) YOGA ALLIANCE REGISTRY	J	148,766.	ACTUAL AMOUNT
(3) YOGA ALLIANCE REGISTRY	N	375,528.	COST SHARE AGREEMENT CALCULATION
(4) YOGA ALLIANCE REGISTRY	R	118,179.	ACTUAL AMOUNT
(5) YOGA ALLIANCE REGISTRY	0	843,607.	COST SHARE AGREEMENT CALCULATION
(6) YOGA ALLIANCE REGISTRY	Р	172,869.	ACTUAL AMOUNT

Schedule R (Form 990) 2021 YAPLUS

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.

(-)	(L.)	F	(-1)			(0)	(-)		- \	(1)	(1)	(1)
(a)	(b)	(c)	(d)	Are Are partne 501(org	∋) e all	(f)	(g)		n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partne	rs sec.	Share of	Share of	Dispi tio	ropor- nate	Code V-UBI	General o managin	Percentage
of entity		(state or foreign	lexcluded from tax under	org	s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes No	
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	1											
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	-											
								-	-			<u> </u>

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 YAPLUS
Part VII Supplemental Information

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