Form 990	
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Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



AF	or th	e 2021 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
X	Addre	ss voga alliance registry			
	Name			94-3079524	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final Feturn	4201 WILSON BLVD SUITE 600		(703) 868-07	48
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,256,134.	
	Amen return	ARLINGTON, VA 22203	H(a) Is this a group re		
	Applie tion pendi	F Name and address of principal officer: Shannon Roche		for subordinates	
	-	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: \boxed{X} 501(c)(3) $\boxed{501(c)}$ ($) \blacktriangleleft$ (insert no.) $\boxed{4947(a)(1)}$ c	or 527	1 '	list. See instructions
		te: WWW.YOGAALLIANCE.ORG		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 1987	State of legal domicile: WA
Fa	nrt I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	IEDOLE O		
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ad of more	than 05% of its not as	unto
/err	2				iets. 11
ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)			11
8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		0	
ities	6	Total number of volunteers (estimate if necessary)		11	
ž	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year
6	8	Contributions and grants (Part VIII, line 1h)		85,926.	177,216.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		479,998.	593,805.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,423.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		567,347.	771,021.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		528,000.	176,509.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		608,081.	841,433.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		828,549.	762,753.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,964,630.	1,780,695.
	19	Revenue less expenses. Subtract line 18 from line 12		-1,397,283.	-1,009,674.
s or nces			Be	ginning of Current Year	End of Year
Assets of Balanc	20	Total assets (Part X, line 16)		15,277,745.	14,759,426.
Net As		Total liabilities (Part X, line 26)		146,283.	38,892.
	22	Net assets or fund balances. Subtract line 21 from line 20		15,131,462.	14,720,534.
F C	irt 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 print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	MEREDITH BELL	MEREDITH BELL	11/15/22	self-employed P01696827
Preparer	Firm's name 🕞 RSM US LLP		Firm's	s EIN ▶ 42-0714325
Use Only	Firm's address ▶ 1250 H STREET, SUITE 700)		
	WASHINGTON, DC 20005		Phon	_{e no.} 202-293-2200
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
				- 000 (222.0)

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 eacr	n 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.

Type of print					identificatio	on number	· (TIN)
•	YOGA ALLIANCE REGISTRY				94-307	79524	
File by the due date f filing your return. Se	or Number, street, and room or suite no. If a P.O. box, s 4201 WILSON BLVD SUITE 600	see instruct	ions.				
instruction		oreign addi	ress, see instructions.				
Enter th	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)				0 1
Applica	ation	Return	Application				Return
ls For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	Form 1041-A				08
Form 4	720 (individual)	03	Form 4720 (other than individual)				09
Form 9	90-PF	04	Form 5227				10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870				12
Form 9	90-T (corporation)	07					
 If the If this box 1 the the	phone No. ► (703) 868-0748 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the org ► calendar year or ► tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEMBE anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>R 15, 2022</u> , to file return for: d ending	f this is fo all memb	r the whole ers the exte npt organiza 	group, che nsion is for	r.
<u>a</u> b If <u>e</u> c B	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See	9, enter any payment all ayment with	r refundable credits and owed as a credit. h this form, if required, by	3a 3b 3c	\$ \$		0. 0. 0.
Caution instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct deb	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	9-TE for pa	yment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form	1 990 (2021) YOGA ALLIANCE REGISTRY	94-3079524	4 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission: YOGA ALLIANCE FOUNDATION LEVERAGES YOGA FOR SOCIAL IMPACT, AND FOSTERS		
	AN EXPANSIVE, ACCESSIBLE, AND EQUITABLE YOGA COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expe	nses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,445,626. including grants of \$ 176,509.) (Revenue)		
4a	(Code:) (Expenses \$, 7,445,020. including grants of \$, 170,505.) (Revenu THE YOGA ALLIANCE FOUNDATION LEVERAGES YOGA FOR SOCIAL IMPACT TO FOSTER	÷\$)
	AN EXPANSIVE, ACCESSIBLE, AND EQUITABLE YOGA COMMUNITY. WE SUPPORT		
	INITIATIVES IN THE FOLLOWING AREAS: BROADENING ACCESS TO YOGA'S HEALING		
	POTENTIAL; FOSTERING GREATER EQUITY AND MORE DIVERSE REPRESENTATION		
	WITHIN THE YOGA COMMUNITY; AND EXPANDING EDUCATIONAL, SERVICE, AND		
	ECONOMIC OPPORTUNITIES FOR YOGA TEACHERS. OUR APPROACH IS TO INVEST IN		
	SUSTAINABILITY AND AMPLIFICATION OF WORK THAT IS IN ALIGNMENT WITH OUR		
	MISSION, LED BY OTHER YOGA ORGANIZATIONS AND YOGA PROFESSIONALS WITH		
	EXPERTISE IN THESE AREAS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue)	÷\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	÷\$)
4d			
A -	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,445,626.)	· · · · · · · · · · · · · · · · · · ·
40	Total program service expenses 1,445,626.		- 000 (2004)

Eorm	000	(2021)
Form	990	(2021)

YOGA ALLIANCE REGISTRY

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)? Х If "Yes," complete Schedule A 1 2 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for 3 х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 Х 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 x 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 х 8 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 9 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 х or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total С Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses f Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." х 19 complete Schedule G, Part III х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II х 21

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YOGA ALLIANCE REGISTRY

Pa	rt 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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
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			
L	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
~~	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		x
31 32	Did the organization indudate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32		20		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
54	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?	<u> </u>		
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8		
b		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

npiy ١g pay łŀ (gambling) winnings to prize winners?

1c

Form		3079524	Р	_{age} 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			0
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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)?	4a		X
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?			X
b				X
	,			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			v
a				X
b		7b		
С		7.		x
-1		<u>7c</u>		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		x
e f		<u>7e</u> 7f		X
f			N/A	
g h			N/A	
8	Sponsoring organization metaning donor advised funds. Did a donor advised fund metanitation metanitation by the			
U	sponsoring organization have excess business holdings at any time during the year?	A 8		
9	Sponsoring organizations maintaining donor advised funds.	····· •		
a		A 9a		
b				
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	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 yearN/A 12b			
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? \mathbb{N}/\mathbb{N}	A 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			
14a				X
b		<u>14b</u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		A
17	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?	A 17		
	If "Yes," complete Form 6069.			

Form	990 (2021) YOGA ALLIANCE REGISTRY		94-307952		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ii	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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	11	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		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 approximate and the power is a back of th			_		x
	more members of the governing body?			<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			71.		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		л
	The governing body?	-	-	8a	х	
	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					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	/onuo	Code)			1
		Chuc	00000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
			· · ·	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		Х
	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 arrangem			10-		x
h	taxable entity during the year?			<u>16a</u>		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			16h		
Sect	exempt status with respect to such arrangements?			16b		1
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, II	L.KS	KY, MD MI MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an			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 Sc	hedule ())			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		,	d financ	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 boo	ks and	l records			
	JOCELYN PRUDENCIO - (703) 868-0748					
	4201 WILSON BLVD SUITE 600 , ARLINGTON, VA 22203					
132006	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2021)

Form 990 (2		94-3079524	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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	to this table for all parsons required to be listed. Popert componentian for the colondar year and in	with or within the organization's	tax yoar

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, 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	not c		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer an		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	Ι.	nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) SHANNON ROCHE	3.45	_								
PRESIDENT AND CEO	36.55			х				22,675.	240,225.	40,458.
(2) KRISTINA GRAFF	40.00									
MANAGING DIRECTOR, YOGA ALLIANCE	0.00				Х			206,699.	0.	47,169.
(3) KRISHNA YENDLURI	4.21									
VICE PRESIDENT OF TECHNOLOGY	35.79					X		25,495.	216,731.	9,689.
(4) HILARY MUGHLOO	3.07									
CHIEF OF STAFF	36.93					x		13,390.	161,065.	47,646.
(5) JOCELYN PRUDENCIO	6.44									
VICE PRESIDENT OF FINANCE	33.56			x				26,610.	138,668.	39,751.
(6) MARCUS WADE	5.98									
VICE PRESIDENT OF PEOPLE & CULTURE	34.02					x		24,799.	141,167.	24,459.
(7) ANDREAS ENGEL	4.94									
CREATIVE DIRECTOR	35.06					X		16,629.	117,944.	25,540.
(8) TONI CAREY	10.48									
VICE PRESIDENT OF STRATEGIC COMMUNIC	29.52				<u> </u>	x		35,702.	100,586.	19,166.
(9) KERRY MAIORCA	5.00									
BOARD CHAIR	5.00	Х		X				0.	0.	0.
(10) TERRI MCDERMOTT	3.00								0	
VICE CHAIR	3.00	х		х				0.	0.	0.
(11) MARION "MUGS" MCCONNELL	3.00									
SECRETARY	3.00	х		X				0.	0.	0.
(12) ARUN TILAK	3.00								0	
TREASURER (13) SWAMI ASOKANANDA	3.00	X		X				0.	0.	0.
BOARD MEMBER	3.00	x						0.	0.	0
(14) DAVID PRYOR JR.	3.00	^				-		· · ·	0.	0.
BOARD MEMBER	3.00	x						0.	0.	0.
(15) STAFFAN ELGELID	3.00	<u>л</u>						•.	۰.	<u>.</u>
BOARD MEMBER	3.00	x						0.	0.	0.
(16) LESLIE SALMON JONES	3.00							°.		<u>0.</u>
BOARD MEMBER	3.00	x						0.	0.	0.
(17) SARAHJOY MARSH	3.00									
BOARD MEMBER	3.00	x						0.	0.	0.
	1					-				

Form 990 (2021) YOGA ALLIANCE	E REGISTRY								94-30	79524	1	P	'age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)		,	(0				(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		E	stimate	od
Name and the	hours per					than o s both		compensation	compensatio			nount	
	week					r/trust		from	from related		a	other	
	(list any	or						the	organization		com	pensa	
	hours for	lirect						organization	(W-2/1099-MIS			om th	
	related	e or c	tee			satec		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	ruste	trus		ee	npen		1099-NEC)	1033-1120)			d relat	
	below	ual ti	tiona		ploy	t cor		1000 (1000)				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anzai	10113
	,	=	=	ö	Ϋ́ε	ΞP	R						
(18) SARASWATHI VASUDEVAN	3.00												-
BOARD MEMBER	3.00	Х						0.		٥.			0.
(19) JO-ANN BANCE	3.00												
BOARD MEMBER	3.00	Х						0.		0.			Ο.
(20) THIERRY CHIAPELLO	3.00												
BOARD MEMBER (THRU 6/30/21)	3.00	x						0.		٥.			Ο.
	5.00	л						0.					۰.
								274 000	1 115			0.5.0	0.7.0
1b Subtotal						I		371,999.	1,116,			253,	878.
c Total from continuation sheets to Part VI	, Section A					I		0.		٥.			0.
d Total (add lines 1b and 1c)								371,999.	1,116,	386.		253,	878.
2 Total number of individuals (including but no							o re	eceived more than \$100.	000 of reportable	3			
compensation from the organization						,		,					1
												Yes	No
										Г		103	
3 Did the organization list any former officer,	director, trust	ee, k	ey e	empl	oyee	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization				
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
										- 1	5		x
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or sl	ich ț	bers	on .				<u></u>	5		
Section B. Independent Contractors													
1 Complete this table for your five highest cor										pensati	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wit	hin	the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address	NO	NE					Description of s	ervices	C		nsatio	n
										,			
							-						
							+						
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to f	thos	e list	ed	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				()							

Form	1 990) (2	2 <u>0</u> 21) YOGA	ALLI	LANCE F	EGIS	TRY			94-307952	4 Page 9
Pa	rt V	III	Statement of Re	venu	е						
			Check if Schedule O	contair	ns a resp	onse	or note to any line	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
											sections 512 - 514
ts ts	1 :	а	Federated campaigns		1a						
ran	1		•• • • • •								
D D D			Fundraising events								
ifts ar A			Related organizations								
s, G nila			Government grants (contr								
Sir	1		All other contributions, gifts,								
her			similar amounts not included				177,216.				
ot		a	Noncash contributions included in				,				
Contributions, Gifts, Grants and Other Similar Amounts			Total. Add lines 1a-1f					177,216.			
<u> </u>							Business Code	,			
đ	2 8	а									
vice		b									
Ser		c									
ver ver		d									
gra Re											
Program Service Revenue		e r	All other program service	****							
-											
	3		Total. Add lines 2a-2f								
	3							442,190.			442,190.
	4		other similar amounts) Income from investment of					112,190.			112,190.
	4					-					
	5		Royalties		(i) Re	 al	(ii) Personal				
	~	_	0			ai	(ii) Feisonai				
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	;) <u></u>							
	7 :	а	Gross amount from sales of	1 -	(i) Secu		(ii) Other				
			assets other than inventory	7a	636	728.					
	I	b	Less: cost or other basis								
venue			and sales expenses	7b		113.					
		С	Gain or (loss)	7c	151	615.					
Re			Net gain or (loss)			···· <u>····</u>	····· •	151,615.			151,615.
Other Re	8 8	а	Gross income from fundraisi	-	-						
đ			including \$		of						
			contributions reported on		,						
			Part IV, line 18			<u>8a</u>					
			Less: direct expenses								
			Net income or (loss) from				<u> </u>				
	9 ;	а	Gross income from gamin	ng activ	vities. Se	e					
			Part IV, line 19								
	I	b	Less: direct expenses			9b					
		с	Net income or (loss) from	gamin	g activiti	es	►				
	10 :	а	Gross sales of inventory,	less re	turns						
			and allowances			10a					
	1	b	Less: cost of goods sold			10b					
	(с	Net income or (loss) from	sales o	of invent	ory	►				
6							Business Code				
ino a	11 :	а									
ane		b									
eve:		с									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					771,021.	0.	0.	593,805.

YOGA ALLIANCE REGISTRY

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

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Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 160,508 160,508. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 16,001 16,001, 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 313,741. 272,788. 40,953. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 467,239. 60,988. Other salaries and wages 406,251. 7 8 Pension plan accruals and contributions (include 2,436 section 401(k) and 403(b) employer contributions) 18,666, 16,230. 157 1,206 1,049, Other employee benefits 9 40,581 35,284 5,297 10 Payroll taxes 11 Fees for services (nonemployees): Management а 2,752. 2,752, b Legal 31,817. 31,817, С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 39,228. 39,228. f Other. (If line 11g amount exceeds 10% of line 25, g 119,112. 119,112. column (A), amount, list line 11g expenses on Sch 0.) 42,575, 42,575, Advertising and promotion 12 1,072. 1,072. Office expenses 13 300 300 Information technology 14 148,766. 148,766 15 Royalties 16 Occupancy 13. 13 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 155. 155. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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.) COST SHARE AGREEMENT 375,528, 375,528, а TAXES & LICENSES 1,435 1,435 b С d All other expenses е 1,780,695, 335,069 Ο. Total functional expenses. Add lines 1 through 24e 1,445,626 25 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)

Form 990 (2021)
Part X	Balance Sheet

Fart		Check if Schedule O contains a response or r	note to ar	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			83,566.	1	115,318.
	2	Savings and temporary cash investments			3,852,514.	2	866,522.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			10,904.	4	17,273.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	-	E CONTRACTOR E C			
		under section 4958(f)(1)), and persons describ				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	— ··· · · · · · ·			0.	9	16,775.
.		Land, buildings, and equipment: cost or othe	1				
		basis. Complete Part VI of Schedule D		12,700.			
	b	Less: accumulated depreciation			Ο.	10c	12,700.
.	11	Investments - publicly traded securities			6,263,278.	11	504,047.
	12	Investments - other securities. See Part IV, lin			0.	12	9,164,071.
	13	Investments - program-related. See Part IV, lir				13	, ,
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11			5,067,483.	15	4,062,720.
	16	Total assets. Add lines 1 through 15 (must e			15,277,745.	16	14,759,426.
	17	Accounts payable and accrued expenses			10,006.	17	38,892.
	18	Grants payable			1 -	18	1
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or fo		F		21	
Liabilities	LL	trustee, key employee, creator or founder, su					
pili		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unit	-	F		23	
	23 24	Unsecured notes and loans payable to unrela		Г		23	
	2 . 25	Other liabilities (including federal income tax,		Г		27	
1	20	parties, and other liabilities not included on lin					
		of Schedule D	103 17 24		136,277.	25	0.
	26	Total liabilities. Add lines 17 through 25			146,283.	26	38,892.
	20	Organizations that follow FASB ASC 958, o				20	,
S		and complete lines 27, 28, 32, and 33.					
ů l	27				15,131,462.	27	14,720,534.
3ala	28	Net assets with donor restrictions				28	
рЦ.	20	Organizations that do not follow FASB ASC				20	
L L L		and complete lines 29 through 33.	, 500, cm				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	de			29	
ets	29 30	Paid-in or capital surplus, or land, building, or				30	
Ass .	30 31	Retained earnings, endowment, accumulated				30	
(et/					15,131,462.	32	14,720,534.
_	32 22	Total net assets or fund balances					14,759,426.
;	33	Total liabilities and net assets/fund balances			15,277,745.	33	14,75

14,759,426. Form **990** (2021)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 771,021 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,780,695 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,009,674 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15,131,462 5 598,746 6 6 6 7 8 Prior period adjustments 8
1 Total revenue (must equal Part VIII, column (A), line 12) 1 771,021 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,780,695 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,009,674 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15,131,462 5 598,746 6 6 7 7
1 Total revenue (must equal Part VIII, column (A), line 12) 1 771,021 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,780,695 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,009,674 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15,131,462 5 598,746 6 6 7 7
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 6 7 7
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,780,695 3 Revenue less expenses. Subtract line 2 from line 1 3 -1,009,674 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15,131,462 5 598,746 6 6 7 7
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15,131,462 5 Net unrealized gains (losses) on investments 5 598,746 6 6 6 7 7 7
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 15,131,462 5 Net unrealized gains (losses) on investments 5 598,746 6 6 7 7 7 7
5 Net unrealized gains (losses) on investments 5 598,746 6 6 6 7 Investment expenses 7
6 6 7 Investment expenses 7 0
7 Investment expenses 7
8 Prior period adjustments 8
9 Other changes in net assets or fund balances (explain on Schedule O)
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,
column (B)) 10 14,720,534
Part XII Financial Statements and Reporting
Check if Schedule O contains a response or note to any line in this Part XII
Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
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?
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
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,
review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit
Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit
or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

Department of the Treasury

(Form 990)

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

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

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

OMB	No.	1545-	0047
-		-	-

Open to Public

. Inspection

ZU

Name of the	

Nan	ne of	the organization						Employer	r identification number	
			LLIANCE REGIST						94-3079524	
Pa	nrt I	Reason for Public (Sharity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	IS.		
The	orga	nization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)([.]	1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (0	Complete Part II.)							
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	-					ne general i	public described in	
		section 170(b)(1)(A)(vi). (C			°,					
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in coniu	unction with a	land-grant	college	
-		or university or a non-land-								
		university:	grant bollogo or agric			name, eny	, and otato of	the conege		
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membersk	in fees an	d aross receipts from	
10		activities related to its exen	•					•	•	
		income and unrelated busir							-	
				(less section of r tax) ite		ses acqui	red by the org	Jan 12 ation a	arter Julie 30, 1973.	
11		See section 509(a)(2). (Col An organization organized a		ively to test for public or	foty Soo	contion El	00(~)(4)			
								www.outtho	numero of one or	
12		An organization organized a								
		more publicly supported or	-						Jneck the box on	
	_	lines 12a through 12d that								
а		Type I. A supporting orga		-	• • • •	-		••••••		
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
	_	organization. You must o	-							
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having									
		control or management o			ame perso	ns that co	ntrol or mana	ge the sup	ported	
	_	organization(s). You mus								
С	c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,									
	_	its supported organization	n(s) (see instructions	b). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	/ integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
		that is not functionally int	egrated. The organized	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness	
		requirement (see instruct	ions). You must co	mplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated supporting	ng organiz	ation.				
f	Ent	ter the number of supported o	organizations							
g	Pro	ovide the following information	n about the supporte							
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Tota										
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chedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2019 (d) 2020 (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 69,957. 85,926. 373,540 135,113 177,216. 841,752. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 5,087,911 5,087,911. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5,157,868 373,540, 135,113, 85,926, 177,216, 5,929,663. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 100 300,036, 300,136. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 100 300,036, 300 136 5,629,527. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 5,157,868 373,540 135,113 85,926 177,216 5,929,663. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 258,309 472,339 495,748 419,040, 442,190, 2,087,626. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 258,309 472,339 495,748 419,040 442,190 2,087,626. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 1,423, 1,423. assets (Explain in Part VI.) 630,861. 506,389. 8,018,712. 5,416,177. 845,879. 619,406, **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 70.20 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 82.80 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 26.03 17 % 14.57 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 202	YOGA	ALLIANCE	REGISTRY
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2

No

No

Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control or Control or

Section B. Type I Supporting Organizations

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a gov	vernmental entity. Describe in	Part VI how	you supported a g	governmental entity	(see instruction <u>s).</u>
---	--	----------------------------------	--------------------------------	-------------	-------------------	---------------------	-----------------------------

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

Yes No

Type III Non-Functionally Integrated 509(a)(3) Supporting (Check here if the organization satisfied the Integral Part Test as a qualifying tr All other Type III non-functionally integrated supporting organizations must co A - Adjusted Net Income Let short-term capital gain Lecoveries of prior-year distributions Other gross income (see instructions)	ust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions (B) Current Year (optional)
All other Type III non-functionally integrated supporting organizations must co A - Adjusted Net Income let short-term capital gain lecoveries of prior-year distributions ther gross income (see instructions)	1 2 3	Sections A through E.	(B) Current Year
A - Adjusted Net Income let short-term capital gain lecoveries of prior-year distributions other gross income (see instructions)	1 2 3	*	
et short-term capital gain lecoveries of prior-year distributions her gross income (see instructions)	2 3	(A) Prior Year	
ecoveries of prior-year distributions ther gross income (see instructions)	2 3		_
ther gross income (see instructions)	3		
	4		
dd lines 1 through 3.			
epreciation and depletion	5		
ortion of operating expenses paid or incurred for production or			
ollection of gross income or for management, conservation, or			
naintenance of property held for production of income (see instructions)	6		
ther expenses (see instructions)	7		
djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
ggregate fair market value of all non-exempt-use assets (see			
structions for short tax year or assets held for part of year):			
verage monthly value of securities	1a		
verage monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
otal (add lines 1a, 1b, and 1c)	1d		
iscount claimed for blockage or other factors			
explain in detail in Part VI):			
cquisition indebtedness applicable to non-exempt-use assets	2		
ubtract line 2 from line 1d.	3		
ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
ee instructions).	4		
let value of non-exempt-use assets (subtract line 4 from line 3)	5		
fultiply line 5 by 0.035.	6		
ecoveries of prior-year distributions	7		
finimum Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
djusted net income for prior year (from Section A, line 8, column A)	1		
nter 0.85 of line 1.	2		
finimum asset amount for prior year (from Section B, line 8, column A)	3		
nter greater of line 2 or line 3.	4		
ncome tax imposed in prior year	5		
istributable Amount. Subtract line 5 from line 4, unless subject to			
mergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functionally ir	ntegrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

d Excess from 2020 e Excess from 2021

	dule A (Form 990) 2021 YOGA ALLIANCE REGIS			94-3079524 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	1
Sect	on D - Distributions		I	Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
_7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D.			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17, aor 170; Part II, Section C, line 1, Section D, line 2, ads, Se, Ads, Bd, Se, Tar II, 11, 10, and 110; Part IV, Section D, line 1 and 2; Part IV, Section D, line 1 and 2; Part V, Section D, line 1 and 2; Part V, Section D, line 2, ads 2, bas, and 8b; Part V. III et 17, Part V, Section D, line 1 and 2; Part V, Section D, line 2, ads 2, bas, and 5b; Part V, III et 17, Part V, Section D, line 1 and 2; Part V, Section D, line 2, ads 2, bas, and 5b; Part V, III et 17, Part V, Section D, line 2, ads 2, bas, and 5b; Part V, III et 17, Part V, Section D, line 2, ads 2, bas, and 5b; Part V, III et 17, Part V, Section D, line 2, ads 2, bas, and 5b; Part V, III et 17, Part V, Section D, line 2, ads 2, bas, and 5b; Part V, III et 17, Part V, Section D, line 2, ads 2, bas, and 5b; Part V, III et 17, Part V, Section D, line 2, ads 2, bas, and 5b; Part V, III et 17, Part V, Section E, line 2, bas, and 5b; Part V, III et 17, Part V, Section C, line 2, ads 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and 5b; Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and bas, Part V, Section E, line 2, bas, and b	Schedule A	(Form 990) 2021	YOGA AL	LIANCE	REGISTRY	94-3079524	Page 8
	Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	2, 3b, 3c, ines 2 and	4b, 4c, 5a 3; Part IV	a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin /, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa	es 1 and 2; Part IV, Sectior art V, Section B, line 1e; Pa	۱C,

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

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94-3079524

2021

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
ARUN TILAK	25.	10.	0.	0.	C
KERRY MAIORCA	0.	10.	0.	0.	C
STAFFAN ELGELID	25.	0.	0.	0.	C
SWAMI ASOKANANDA	25.	0.	0.	0.	C
FERRI MCDERMOTT	25.	0.	0.	0.	C
SARAJOY MARSH	0.	1.	0.	0.	C
THIERRY CHIAPELLO	0.	15.	0.	0.	C
YAPLUS	0.	300,000.	0.	0.	C
Fotal to Schedule A, Part III, Line 7a	100.	300,036.			

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Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

YOGA	ALLIANCE	REGISTRY
YOGA	ALLIANCE	REGISTRY

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., *purpose*. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., *purpose*. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., *purpose*. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., *purpose*. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization	E	mployer identification number
YOGA ALI	JIANCE REGISTRY		94-3079524
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	3. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,73	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule I	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
YOGA ALI	JANCE REGISTRY		94-3079524
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 s	

	B (Form 990) (2021)		Page 4
Name of o	rganization		Employer identification number
YOGA ALI	LIANCE REGISTRY		94-3079524
Part III		a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

(1 0111 000)	For Org	anizations Exempt From Income	Tax Under section 5	i01(c) and section 52	7	2021
Department of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-E						Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990 for i	nstructions and the la	atest information.		Inspection
If the organization answ	wered "Yes," or	n Form 990, Part IV, line 3, or Fori	n 990-EZ, Part V, line	e 46 (Political Campa	aign Activ	ities), then
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.			
 Section 501(c) (othe 	r than section 50	01(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Part	I-B.	
 Section 527 organiz 	ations: Complete	e Part I-A only.				
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 4, or Fori	n 990-EZ, Part VI, lin	e 47 (Lobbying Activ	vities), the	n
 Section 501(c)(3) org 	ganizations that I	have filed Form 5768 (election und	er section 501(h)): Cor	mplete Part II-A. Do no	ot comple	te Part II-B.
 Section 501(c)(3) org 	ganizations that I	have NOT filed Form 5768 (electior	under section 501(h)): Complete Part II-B.	Do not co	mplete Part II-A.
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	990-EZ, F	Part V, line 35c (Proxy
Tax) (See separate inst	ructions), then					
 Section 501(c)(4), (5)), or (6) organizat	tions: Complete Part III.				
Name of organization					Employer	r identification number
		NCE REGISTRY				94-3079524
Part I-A Compl	ete if the org	anization is exempt under	section 501(c) o	or is a section 52	7 organ	ization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign	activity expendit	ures			▶\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Compl	ete if the org	janization is exempt under				
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		▶\$	
2 Enter the amount o	f any excise tax	incurred by organization managers	under section 4955		▶\$	
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720 fo				Yes No
4a Was a correction m	ade?					Yes No
b If "Yes," describe in	n Part IV.					
Part I-C Compl	ete if the org	anization is exempt under	section 501(c), e	except section 5	01(c)(3).	ı
1 Enter the amount d	lirectly expended	d by the filing organization for secti	on 527 exempt function	on activities	▶\$	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527		
exempt function ac	tivities				▶\$	
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here and	I on Form 1120-POL,			
line 17b					▶\$	
4 Did the filing organ	ization file Form	1120-POL for this year?				Yes No
5 Enter the names, a	ddresses and en	nployer identification number (EIN)	of all section 527 polit	tical organizations to	which the	filing organization
	-	tion listed, enter the amount paid f				-
		omptly and directly delivered to a s			parate seg	pregated fund or a
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV	V		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fr		e) Amount of political
				filing organization funds. If none, ente		ntributions received and promptly and directly
				Tunos. Il none, ente		lelivered to a separate
						political organization.
						If none, enter -0

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

SCHEDULE C

(Form 990)

	YOGA ALLIANCE REC				079524 Page 2
Part II-A Complete if the org section 501(h)).	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion belongs to an affil	iated group (and list in	Part IV each affiliated of	group member's name	e, address, EIN,
•••	e of excess lobbying e	• • •			
		d "limited control" pro	visions apply.		
Limi	ts on Lobbying Exper	•		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ		• •		0.	
b Total lobbying expenditures to influ	•			0.	
c Total lobbying expenditures (add li					
d Other exempt purpose expenditure				1,741,467.	
e Total exempt purpose expenditure				1,741,467.	
f Lobbying nontaxable amount. Ente				237,073.	
If the amount on line 1e, column (a) o		bying nontaxable amo	ount is:		
Not over \$500,000		he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	,			59,268.	
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than zer	ro on either line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
(Some organizations th	nat made a section 50	raging Period Under D1(h) election do not l ate instructions for lin	nave to complete all of	f the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	164,548.	206,156.	248,232.	237,073.	856,009.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,284,014.
(_,,
c Total lobbying expenditures					
d Grassroots nontaxable amount	41,137.	51,539.	62,058.	59,268.	214,002.
 Grassroots ceiling amount (150% of line 2d, column (e)) 					321,003.
f Grassroots lobbying expenditures					
				Sahadu	lo C (Eorm 000) 202

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)		(k)
	obbying activity.	Yes	Νο	Amo	ount
1 a	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?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	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?				
Par	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?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	1:00	
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."				3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	litical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I.A. line 1: Part I.B. line 4: Part I.C. line 5: Part II.A (affiliated group)	list). Part II-A	lines 1 a	nd 2 (See	

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D)
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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
2004
2021
Open to Public
Inspection

Name	of the organization		Employer identification number 94-3079524
Der	YOGA ALLIANCE REGISTRY	- Funda av Othav Similar Funda av	
Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes 📃 No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose con	nferring
	impermissible private benefit?		Yes 🗌 No
Par		anization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat		nistorically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired at		
	listed in the National Register		2d
	Number of conservation easements modified, transferred, rele		
	year	ased, extinguished, or terminated by the org	
	Number of states where property subject to conservation ease	ement is located	
	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, h		
U		and ing of violations, and emotening conserv	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing concernation	a accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, nandi	ing of violations, and emorcing conservation	reasements during the year
•		\sim obtained the requirements of eastion $1.70/h)/4$	
	Does each conservation easement reported on line 2(d) above		
~	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial statements	s that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	or Similar Assets
1 01	Complete if the organization answered "Yes" on Form		
4 -			
	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		erance of public
	service, provide in Part XIII the text of the footnote to its finance		
	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	isures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under FASB AS	-	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Sche		NCE REGISTRY						94-307		Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	[·] Other	Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	make sig	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	_oan or exc	hange progra	ım					
b	Scholarly research	e	, 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	pllections and explair	n how the	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, his	torical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered "	'Yes" on Fo	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pi	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years t	back
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 curr	ent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for the	e organiza	ation	_		
	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	tions listed as requir	red on Sc	hedule R?					3b	\square	
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		· · ·								
	Description of property	(a) Cost or o basis (investr		.,	t or other (other)	• •	cumulate preciation	d	(d) Book	value)
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment										
е	Other				12,700.					12,7	700.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	<u>n (B). line 1</u>	0c.)					12,7	
								Cabadula	D / C	000	~~~~

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) WELLS FARGO & CO 2.05% 22	202,598.	END-OF-YEAR MARKET VALUE
(B) VANGUARD REAL ESTATE ETF IV	970,758.	END-OF-YEAR MARKET VALUE
(C) VANGUARD SHORT-TERM BOND ETF IV	909,954.	END-OF-YEAR MARKET VALUE
(D) TIAA-CREF CORE IMPACT BOND INSTL	1,428,091.	END-OF-YEAR MARKET VALUE
(E) CALVERT INTERNATIONAL EQUITY I	839,460.	END-OF-YEAR MARKET VALUE
(F) CALVERT SMALL-CAP I	882,992.	END-OF-YEAR MARKET VALUE
(G) VANGUARD FTSE SOCIAL INDEX ADMIRAL	2,479,350.	END-OF-YEAR MARKET VALUE
(H) CAPITAL ONE BANK 2.35% 22	101,332.	END-OF-YEAR MARKET VALUE
Fotal. (Col. (b) must equal Form 990. Part X. col. (B) line 12.) ►	9,164,071.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)	LOAN RECEIVABLE FROM YOGA ALLIANCE	3,919,311.
(2)	TRADEMARKS	143,409.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. ((Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,062,720.
Part 2	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		

(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 YOGA ALLIANCE REGISTRY	94-3079524	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,330,539.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 598,746.		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	598,746.
3	Subtract line 2e from line 1	3	731,793.
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 39, 228.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	39,228.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	771,021.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,741,467.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,741,467.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 39, 228.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	39,228.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,780,695.
Pa	t XIII Supplemental Information.		

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

 Schedule D (Form 990)
 YOGA ALLIANCE REGIST

 Part XIII
 Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, li	ne 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
ENERBANK USA 1.95% 22	222,695.	FMV
BMW BANK NORTH A 1.85% 22	76,914.	FMV
FLAGSTAR BANK, F 1.75% 22	227,818.	FMV
BMW BANK NORTH A 1.65% 23	97,384.	FMV
CITIBANK, N.A. 2.85% 23	67,992.	FMV
SALLIE MAE BANK 1.4% 23	151,875.	FMV
CITIBANK, N.A. 3% 23	101,289.	FMV
LIVE OAK BANKING 1.6% 23	106,808.	FMV
SCHWAB SHORT TERM US TREASURY ETF	296,761.	FMV

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Comp		Attach to Fori s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization	GA ALLIANCE	REGISTRY						Employer identification number 94-3079524
Part I General Information	on on Grants an	d Assistance						
 Does the organization ma criteria used to award the Describe in Part IV the or 	e grants or assist	tance?				÷	•	on 🔀 Yes 🗌 No
Part II Grants and Other	Assistance to D	omestic Organiz	<u> </u>	Governments. C	complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of or governmen	v	(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
GIVEINDIA FUNDRAISERS 651 N BROAD ST, SUITE 2 NEWCASTLE, DE 19709	206, MIDDLETC	87-4554363		10,536.	0.			CONTINUED SUPPORT: COVID-19 CRISIS IN INDIA DONATION
IVY CHILD INTERNATIONAL 35 BEHARRELL STREET, UN CONCORD, MA 01742		27-4835424	501(C)(3)	130,436.	0.			TEACHING FOR EQUITY FUND FOR BREATHE FOR JUSTICE, TFE 2021 COHORT, AND CONTINUED SUPPORT:
KHALSA AID INTERNATIONA 451 PEACOCK WAY VACAVILLE, CA 95688-878		83-1788197	501(C)(3)	10,536.	0.			CONTINUED SUPPORT: COVID-19 CRISIS IN INDIA DONATION
LOVE YOGA STUDIO MD, LI 5111 BALTIMORE AVENUE HYATTSVILLE, MD 20781	۲C	84-3493698		9,000.	0.			PROVIDE TEACHER TRAINING OR YOGA THERAPY TRAINING TO THE INDIVIDUAL RECIPIENT (BIPOC
2 Enter total number of sec	 ction 501(c)(3) an	d government or	anizations listed in the	e line 1 table		1	1	2.
3 Enter total number of oth	.,.,	v	•					2.
LHA For Paperwork Reduct	9							Schedule I (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

YOGA ALLIANCE REGISTRY

94-3079524

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
GRANT FOR YOGA TEACHER TRAINING OR YOGA THERAPIST					
TRAINING FOR BIPOC COMMUNITY MEMBERS	5	7,001.	0.		
GRANT FOR YOGA TEACHER TRAINING OR YOGA THERAPIST					
TRAINING FOR BIPOC COMMUNITY MEMBERS	1	9,000.	0.		

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

PART I, LINE 2:

YOGA ALLIANCE FOUNDATION MEETS PERIODICALLY WITH THE ORGANIZATIONS THAT

RECEIVE GRANTS AND FOLLOWS UP WITH THEM AS NECESSARY WITH RESPECT TO THE

GRANTS DISBURSED. YOGA ALLIANCE FOUNDATION ALSO REQUESTS REPORTS AND/OR

WRITTEN UPDATES FROM GRANTEES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: IVY CHILD INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TEACHING FOR EQUITY FUND FOR BREATHE

Part IV Supplemental Information

FOR JUSTICE, TFE 2021 COHORT, AND CONTINUED SUPPORT: COVID-19 CRISIS IN

INDIA DONATION

NAME OF ORGANIZATION OR GOVERNMENT: LOVE YOGA STUDIO MD, LLC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE TEACHER TRAINING OR YOGA

THERAPY TRAINING TO THE INDIVIDUAL RECIPIENT (BIPOC COMMUNITY)

SC	HEDULE J	Comper	nsation Information		OMB No. 1	1545-004	47		
(Fo	rm 990)	-	ctors, Trustees, Key Employees, and Highest		20	91			
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.		20		I		
	tment of the Treasury		Attach to Form 990.		Open to Inspe		ic		
Nam	e of the organization			24-30		on nui	nber		
Da	rt I Question	YOGA ALLIANCE REGISTRY Regarding Compensation		94-30	19524				
10		s negation goompensation				Vac	No		
1a	Check the appropri	ate hox(es) if the organization provided ar	ny of the following to or for a person listed on Form	000		Yes	No		
Id			elevant information regarding these items.	990,					
	First-class or c		Housing allowance or residence for perso	naluse					
	Travel for com		Payments for business use of personal re-						
		ation and gross-up payments	Health or social club dues or initiation fee						
		pending account	Personal services (such as maid, chauffel						
				,,					
b	If any of the boxes	on line 1a are checked, did the organization	on follow a written policy regarding payment or						
			above? If "No," complete Part III to explain		. 1b				
2			ng or allowing expenses incurred by all directors,						
			regarding the items checked on line 1a?		2				
3	Indicate which, if ar	y, of the following the organization used	to establish the compensation of the organization's	i					
	CEO/Executive Dire	ctor. Check all that apply. Do not check a	any boxes for methods used by a related organization	on to					
	establish compensa	tion of the CEO/Executive Director, but e	explain in Part III.						
	Compensation	committee	Written employment contract						
	Independent of	ompensation consultant	Compensation survey or study						
	Form 990 of o	her organizations	Approval by the board or compensation c	ommittee					
4			Section A, line 1a, with respect to the filing						
	organization or a re								
а		e payment or change-of-control payment?					X		
b		eive payment from a supplemental nonqu					X		
С	-	eive payment from an equity-based comp			. 4c		X		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the	applicable amounts for each item in Part III.						
	0								
F)(3), 501(c)(4), and 501(c)(29) organizati	-	2					
5	contingent on the r		did the organization pay or accrue any compensatio	11					
-	•				5a		x		
h	Any related organiz	ation?			5b		x		
D.		r 5b, describe in Part III.							
6			did the organization pay or accrue any compensatio	'n					
Ŭ	contingent on the n								
а	0	Ũ			6a		x		
b	Any related organiz	ation?			6b		x		
		r 6b, describe in Part III.							
7		,	lid the organization provide any nonfixed payments	;					
					7	х			
8			ccrued pursuant to a contract that was subject to th						
					. 8		x		
9		d the organization also follow the rebutta							
	Regulations section		· · ·	<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instruction			le 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-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)	
(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)	22,589.	86.	0.	679.	2,811.	26,165.	0.
PRESIDENT AND CEO	(ii)	239,311.	914.	0.	7,190.	29,778.	277,193.	0.
(2) KRISTINA GRAFF	(i)	205,699.	1,000.	0.	8,552.	38,617.	253,868.	0.
MANAGING DIRECTOR, YOGA ALLIANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISHNA YENDLURI	(i)	20,653.	4,842.	0.	1,020.	0.	26,515.	0.
	(ii)	175,572.	41,159.	0.	8,669.	0.	225,400.	0.
(4) HILARY MUGHLOO	(i)	13,313.	77.	0.	492.	3,165.	17,047.	0.
	(ii)	160,142.	923.	0.	5,913.	38,076.	205,054.	0.
(5) JOCELYN PRUDENCIO	(i)	26,449.	161.	0.	1,106.	5,294.	33,010.	0.
	(ii)	137,829.	839.	0.	5,761.	27,590.	172,019.	0.
(6) MARCUS WADE	(i)	24,650.	149.	0.	1,002.	2,653.	28,454.	0.
	(ii)	140,316.	851.	0.	5,702.	15,102.	161,971.	0.
(7) ANDREAS ENGEL	(i)	16,505.	124.	0.	0.	3,156.	19,785.	0.
CREATIVE DIRECTOR	(ii)	117,068.	876.	0.	0.	22,384.	140,328.	0.
(8) TONI CAREY	(i)	35,440.	262.	0.	1,428.	1,129.	38,259.	0.
VICE PRESIDENT OF STRATEGIC COMMUNIC	(ii)	99,848.	738.	0.	4,022.	12,587.	117,195.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

94-3079524

Part III Supplemental Information

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

PART I, LINE 7:

YAPLUS PROCESSED A TOTAL OF \$68 000 OF HOLIDAY BONUSES TO 53 EMPLOYEES AND

A ONE-TIME BONUS FOR KRISHNA YENDLURI FOR \$45,000 FOR HIS OVERSIGHT OF THE

MARKETING AND COMMUNICATIONS TEAM IN THE ABSENCE OF THE VP OF MARKETING AND

COMMUNICATION.

PART I, LINE 3:

THE ORGANIZATION HAS A LIMITED NUMBER OF EMPLOYEES. THE ORGANIZATION

HAS A COST SHARING AGREEMENT WITH YAPLUS A RELATED ORGANIZATION AND

UNDER THIS AGREEMENT, LABOR COSTS ARE ALLOCATED TO THE ORGANIZATION.

THE OFFICERS ARE SHARED BY THE ORGANIZATIONS. AND OFFICER COMPENSATION

IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF YAPLUS. YAPLUS

USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION OF THE CEO:

- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

- COMPENSATION COMMITTEE

- COMPENSATION SURVEY OR STUDY

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. OMB No. 1545-0047

Employer identification number 94-3079524

YOGA ALLIANCE REGISTRY

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

YOGA ALLIANCE FOUNDATION LEVERAGES YOGA FOR SOCIAL IMPACT, AND FOSTERS

AN EXPANSIVE, ACCESSIBLE, AND EQUITABLE YOGA COMMUNITY.

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 YOGA ALLIANCE REGISTRY; AND WILL DISCLOSE TO THE BOARD OF

DIRECTORS, ON THE PRESCRIBED FORM AND PERIODICALLY AS FACTS DICTATE, ANY

SUCH CONFLICTS OF INTEREST AND ANY BUSINESS, FINANCIAL, AND ORGANIZATIONAL

INTERESTS AND AFFILIATIONS THAT ARE OR COULD BE CONSTRUED TO BE A CONFLICT

OF INTEREST. IF A CONFLICT OF INTEREST ARISES, THE BOARD CONSIDERS THE

MATTER, WITH THE 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 YOGA ALLIANCE

REGISTRY. IF A CONFLICT OF INTEREST ARISES, YOGA ALLIANCE REGISTRY

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

Schedule O (Form 990) 2021	Page
Name of the organization YOGA ALLIANCE REGISTRY	Employer identification number 94-3079524
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:	
THE PRESIDENT AND CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE	
COMMITTEE OF THE BOARD OF DIRECTORS OF YAPLUS, A RELATED ORGANIZATION. THE	
BOD REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO AND DETERMINES	
COMPENSATION ON AN ANNUAL BASIS. THE BOD ALSO 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MI, MA, MO, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN	
UT,VA,WV,WI	

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

YOGA ALLIANCE REGISTRY PROVIDES DOCUMENTS UPON REQUEST.

FORM 990, PART VII, SECTION A:

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

TO YAPLUS (D/B/A YOGA ALLIANCE), A 501(C)(6) ORGANIZATION. YAPLUS PAYS

ALL OF THE COMPENSATION AND ISSUES THE W-2S FOR ALL THE EMPLOYEES OF

Schedule O (Form 990) 2021 Name of the organization	Employer identification numb
YOGA ALLIANCE REGISTRY	94-3079524
HE ORGANIZATIONS. YOGA ALLIANCE REGISTRY REIMBURSES YAPLUS FOR THE	
ORK DONE FOR YOGA ALLIANCE REGISTRY THROUGH A COST SHARE AGREEMENT	
BETWEEN THE TWO ENTITIES. INCLUDED IN THE COST SHARE AGREEMENT IS	
EIMBURSEMENT TO YAPLUS FOR THE COMPENSATION PAID TO KRISTINA GRAFF,	
THE MANAGING DIRECTOR OF YOGA ALLIANCE REGISTRY.	

SCHEDULE	R
(Farma 000)	

(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.

2021

Employer identification number

94-3079524

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

YOGA ALLIANCE REGISTRY

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
YAPLUS D/B/A YOGA ALLIANCE - 38-3849013							
4201 WILSON BLVD, SUITE 600							
ARLINGTON , VA 22203	TRADE ASSOCIATION	VIRGINIA	501(C)(6)				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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1										
	-										
	-										
										+	
	-										
	1										
	1										
	1		1	1		1	I	L	1		

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) 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	(i Sect 512(b contr enti	i) :tion ɔ)(13) rolled ity?
		country)		or tructy		400010		Yes	No

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

ote: 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 i	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		,	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	Σ
e Loans or loan guarantees by related organization(s)	<u>1e</u>	X	ζ
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g	I	
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	11		
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)		x	K
	11		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	<u>x</u>
o Sharing of paid employees with related organization(s)		X	ζ
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s	X	ζ

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

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

Schedule R (Form 990) 2021 YOGA ALLIANCE REGISTRY

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

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

(0)	<u> </u>	F	(d)	1-	、	(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	Are a partners 501(c orgs	all	(f)	(g) Share of		ר) החסיי-	(i) Code V UBI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c	s sec.)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
												1
												
												<u> </u>

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 YOGA A Part VII Supplemental Information

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