** 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)

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

\sim	i oi tiit	e 2017 Calendar year, or tax year beginning	enung	_	
В	Check if applicable	C Name of organization		D Employer identifi	ication number
	Addre: chang				
	Name chang	Doing business as YOGA ALLIANCE FOUNDATION		94-3	079524
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return/		700		.)482-3355
	termin ated		1	G Gross receipts \$	12,374,520.
	Ameno			H(a) Is this a group r	
F	Applic	•		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	—
_	T-1/ -1/	empt status:	or 527	1	
		e: NWW. YOGAALLIANCE. ORG	01 327	┥,	a list. (see instructions)
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile: WA
	art I	Summary	L Year	oriorination. 1907	VI State of legal doffliche. WA
Г			ר שמעע	TTT T T T T T T T T T T T T T T T T T	
S	1	Briefly describe the organization's mission or most significant activities: SEE	PARI 1	LII, DINE I.	
Governance		0			
Æ	2	Check this box if the organization discontinued its operations or dispositions of the organization discontinued its operations or dispositions or dispositions.		I _	
်	3			<u>3</u>	$\frac{7}{7}$
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ijes	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)			10
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		69,883.	69,957.
en	9	Program service revenue (Part VIII, line 2g)		4,546,975.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-12,115.	5,057,574.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,164.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,622,907.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		42,000.	66,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,006,265.	1,603,735.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
z E	· b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,104,225.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,152,490.	4,880,537.
	19	Revenue less expenses. Subtract line 18 from line 12		1,470,417.	5,334,905.
Net Assets or	200			eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		11,350,552.	16,439,345.
AS	21	Total liabilities (Part X, line 26)		1,007,893.	
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		10,342,659.	16,112,953.
P	art II	Signature Block			
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to the best of m	ny knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
Sig	an	Signature of officer		Date	
He		■ DAVID LIPSIUS, PRESIDENT AND CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	,,,,,		if self-employ	ved .
	eparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	L	Firm's EIN	52-1392008
	e Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		Tim o Liv	
	,	BETHESDA, MD 20814-2930		Phone no (3	01) 951-9090
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110. (3	X Yes No
	., 11	1000 indiadion			100

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROMOTE AND SUPPORT THE DIVERSITY AND INTEGRITY OF YOGA TEACHING.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□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? Yes	.] No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	1 .
4a	(Code:) (Expenses \$ 4,073,978. including grants of \$ 66,000.) (Revenue \$ 5,087,91 YOGA ALLIANCE FOUNDATION FOCUSES ON YOGA-BASED SOCIAL IMPACT LOOKING	
	INCREASE ACCESSIBILITY FOR UNDERSERVED, MARGINALIZED AND	
	UNDER-REPRESENTED COMMUNITIES.	
4b	(Code:) (Expenses \$	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 4 , 073 , 978 .	
40	Total program service expenses ► 4,0/3,9/8.	(2017)

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)?		77	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		21
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		X
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		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4 -		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	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,"	10		Х
	complete Schedule G, Part III	19	I	23

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
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		
	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			l
	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			l
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		v
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		24	х	
250	,	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-22	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)? If "Yes " complete Schedule R. Part V. line?	25h	Х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	- 45	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	Х	
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-22	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: All Form 990 files are required to complete 3chedule O	30		

Part V Statements Regarding Other IRS Filings and Tax Compliance

the the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 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 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 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 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 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 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 Enter the number of employees reported on file all required federal employment tax returns? Enter the number of employees reported on file all required federal employment tax returns? Enter the number of employees reported on file all required federal employment tax returns? Enter the number of employees reported on file all required federal employment tax returns? Enter the number of employees reported on file all required federal employment tax returns? Enter the number of employees returns? Ente		Check if Schedule O contains a response or note to any line in this Part v					Щ
be Enter the number of Forms W26 included in line 1a, Enter o 4. not applicable. □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the called any gave andirally with organization file all required feederal employment tax returns? 2b If at least one is reported on line 2a, did the organization file all required declared employment tax returns? 2b If a least one is reported on line 2a, did the organization file all required feederal employment tax returns? 2c Note. If the sum of files 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization bave unrelated business gross income of \$1,000 or more during the year? 3a If Y26, 19 the organization for this year? If Y26, 10 line 3b, provide an explanation in Schedule 0 4a A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial accounts (FBAR). 5b If Y26, 1 and the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization party to a prohibited tax shelter transaction? 5c If Y26, 1 did the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Y26, 2 did the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Y26, 2 did the organization shelt were not contributions under section 170(c). 5c If Y26, 2 did the organization shelt were not ack deductible a charlable contributions? 7c Organizations that were not tax deductible a charlable contributions? 7d Organizations that were not tax deductible and enhanced by the property for which it was required to file Form 8889 as required? 7h If th				1 00		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) with miners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrefeated business gross income of \$1,000 or more during the year? 3a If Yes, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If Yes, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b If Yes, the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c If Yes, the sum of lines 1a and 2a is greater than 250, you of more during the Year? 3a X X better the name of the foregin country. 4a A ray time during the calendary arise did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5c If Yes, the lines 3a or 5b, did the organization that it was or is a party to a prohibited tax shaller transaction? 5c If Yes, to line 3a or 5b, did the organization file Form 5886-77 5c If Yes, to line 3a or 5b, did the organization file Form 5886-77 5c If Yes, to line 3a or 5b, did the organization file Form 5886-77 5c If Yes, to line 3a or 5b, did the organization file Form 5886-77 5c If Yes, to line 5a or 5b, did the organization file Form 5886-77 6c Did the organization have an analog great seepists that are normally greater than \$100,000, and did the organization solicit and any contributions? 6c If Yes, to line organization have an analog great seepists that are normally greater than \$100,000, and did the organization have an analog greater seepists	1a			23			
degamblingly winnings to prize winners? 2				<u> </u>			
2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendary are anding with or within the year overed by this return. 2	С		-		_	v	
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3				l	Oh		
3a X Marker Ma	D				20		
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorty over, a financial account? 4b 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). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for Financial Accounts (FBAR). See instructions for this requirements for Financial Accounts (FBAR). See instructions for the requirements for Financial Accounts (FBAR). See instructions for the requirements for Financial Accounts (FBAR). See instructions for the requirements for Financial Accounts (FBAR). See instructions for the requirements for Financial Accounts (FBAR). See instructions for the requirements for foreign Bank and Financial Accounts (FBAR). See instructions for the requirements for foreign Bank and Financial Accounts (FBAR). See instructions for the requirements for foreign Bank and Financial Accounts (FBAR). See instructions for the requirements for foreign Bank and Financial Accounts (FBAR). See instructions foreign and the organization include on the value of the requirements of the require	32				32		x
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)? 5a in "Yes," enter the name of the foreign country: ▶ 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8282 filed during the year 7 b If "Yes," indicate the number of Forms 8282 filed during the year 9 bid the organization received a contribution of qualified intellectual property, did the organization file and a contribution of qualified intellectual property, did the organization file and account provided to the payment of the organization file and account provided to the organization file form 8899 as required? 9 Sponsoring organization seeked a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization make any qualified intellectual property, did the organization file a Form 1098-C?							
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15c		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13b C Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a The lif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$	12b				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.		/-			
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	•		N/A	13a		
organization is licensed to issue qualified health plans 13b 13c 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		I	I			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			—				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					4.4		v
	b	IT "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	ie U			990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a									
	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 in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a										
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	Describe in 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 conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in 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 independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
<u>Sec</u>	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	SHANNON ROCHE - (571)482-3337									
	1560 WILSON BOULEVARD, STE 700, ARLINGTON, VA 22209-2408									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of	
	week	\vdash	CCI aii	uau	II ecit	Ji i us	100)	from	from related	other 	
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2, 1000 111100)		and related	
	below	idual	ution	J.	Key employee	est co oyee	er			organizations	
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former				
(1) KERRY MAIORCA	5.00										
CHAIR	5.00	Х		Х				0.	0.	0.	
(2) TERRI MCDERMOTT	3.00										
VICE CHAIR	3.00	Х		Х				0.	0.	0 .	
(3) MARION MUGS MCCONNELL	3.00										
SECRETARY	3.00	Х		Х				0.	0.	0 .	
(4) SWAMI ASOKANANDA	3.00							_	_	_	
BOARD MEMBER	3.00	Х		Х				0.	0.	0	
(5) DAVID PRYOR, JR.	3.00										
BOARD MEMBER	3.00	Х						0.	0.	0 .	
(6) STAFFAN ELGELID	3.00	l									
BOARD MEMBER	3.00	Х						0.	0.	0 .	
(7) ARUN TILAK	3.00	l									
BOARD MEMBER (THROUGH 05/17)	3.00	Х						0.	0.	0	
(8) GYANDEV MCCORD	3.00										
BOARD MEMBER (THROUGH 05/17)	3.00	Х						0.	0.	0	
(9) JORDAN DIPIETRO	3.00	l							•		
BOARD MEMBER (THROUGH 06/17)	3.00	Х						0.	0.	0	
(10) BRANDON HARTSELL	3.00	l							•		
BOARD MEMBER	3.00	Х						0.	0.	0	
(11) BARBARA DOBBERTHIEN	20.00								150 000	10 005	
EXECUTIVE DIR. & COO (THROUGH 06/17)	20.00			Х				0.	152,020.	12,205	
(12) DAVID LIPSIUS	20.00								100 560	0 554	
PRESIDENT AND CEO (BEG. 05/17)	20.00			Х				0.	183,768.	8,774	
(13) SHANNON ROCHE	20.00								101 050	0 650	
COO (BEG. 07/17)	20.00			Х				0.	101,050.	8,652	
(14) KIM HORN	20.00								110 006	00 445	
AVP OF HUMAN RESOURCES	20.00					Х		0.	112,886.	29,445	
(15) JANEL KILEY	20.00	1				٠,,			100 400	F 0.64	
UX MANAGER	20.00	<u> </u>	_			Х	_	0.	100,490.	5,064	
		-									
		-									
		1									
										000 (0047	

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck		than is bot		Reportable compensation	Reportable compensation			timate nount	
	week					or/trus		from	from relate			other	O1
	(list any hours for	Individual trustee or director						the	organization			pensa	
	related	e or d	stee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anizat	
	organizations	l truste	nal trus		oyee	omper		(,,			_	d relat	
	below line)	ividua	Institutional trustee	Officer	Key employee	hest c ployee	Former				orga	anizati	ons
	iii ie)	트	lus	#0	Ke	iž m	윤						
						-				-+			
						-				-+			
45. 0.15. 1-1-1							L	0.	650,2	11	- 6	4,1	<u>// N</u>
1b Sub-total c Total from continuation sheets to Part V								0.	030,2	0.	- 0	+ ,	0.
d Total (add lines 1b and 1c)								0.	650,2		6	4,1	
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportab	ole			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s				-	-	-		•			3		Х
4 For any individual listed on line 1a, is the su								ther compensation from			j		
and related organizations greater than \$15	•							•	•		4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services	ŝ			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mponeated in	done	ndo	nt c	onti	roote	oro t	that received more than	\$100,000 of oor	mpopoot	tion f	rom	
1 Complete this table for your five highest co the organization. Report compensation for	· ·	-								npensal	LIOII I	10111	
(A)				·· · · ·		<u> </u>		(B)	<i>,</i> *		(C	;)	
Name and business								Description of s		Cor		nsatio	n
OPEN BOX INTEGRATION INC	., 8064	SC	יטכ	ΓHV	MO(DD	ŀ	AMS DEVELOPM	ENT &	1			

Name and business address	Description of services	Compensation
OPEN BOX INTEGRATION INC., 8064 SOUTHWOOD	AMS DEVELOPMENT &	
ROAD, HALFMOON BAY, BC, CANADA VON 1Y1	WEBSITE PROJECTS	1,050,403.
THE BRIDGESPAN GROUP	STRATEGIC PLANNING	
2 COPLEY PLACE STE 3700B, BOSTON, MA 02116	CONSULTANTS	326,382.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 2

		Check if Schedule O cont	ains a response	or note to any line	in this Part VIII			
		Oncok ii Ganedale G cont	ans a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
ar our	b	Membership dues	1b					
S, (С	Fundraising events	1c					
lar E		Related organizations						
imi	е	Government grants (contribut	ions) 1e					
tio X	f	All other contributions, gifts, gran	ts, and					
lg i		similar amounts not included abo	ve 1f	69,957.				
do	g	Noncash contributions included in lines	1a-1f: \$					
<u>8</u> 8	h	Total. Add lines 1a-1f			69,957.			
				Business Code				
<u>ice</u>	2 a	REGISTRY REVENUE		900099	5,087,911.	5,087,911.		
erv ne	b							
n S	С							
gra Re	d							_
Program Service Revenue	е							
_		All other program service reve			F 007 011			
		Total. Add lines 2a-2f			5,087,911.			
	3	Investment income (including			250 200			250 200
		other similar amounts)			258,309.			258,309.
	4	Income from investment of tax		_				_
	5	Royalties						
	6 -	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	1,289,561.	 ``				
	h	Less: cost or other basis	1,203,002.	, 0,000,7021				
		and sales expenses	1,303,285.	855,793.				
	c	Gain or (loss)		4,812,989.				
		Net gain or (loss)			4,799,265.			4,799,265.
ne		Gross income from fundraisin	g events (not					
Other Revenu		including \$	of					
Be		contributions reported on line	•					
her	L	Part IV, line 18						
₽		Net income or (loss) from fund						
		Gross income from gaming ac	-					
	Ju	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
İ		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b	·						
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		> _				
	12	Total revenue. See instructions.		▶	10,215,442.	5,087,911.	0.	5,057,574.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	66,000.	66,000.		
3	individuals. See Part IV, line 22 Grants and other assistance to foreign	00,000.	00,000.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	233,235.	174,926.	58,309.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 006 701	000 541	274 100	
7	Other salaries and wages	1,096,721.	822,541.	274,180.	
8	Pension plan accruals and contributions (include	28,643.	21,482.	7,161.	
_	section 401(k) and 403(b) employer contributions)	147,687.	110,765.	36,922.	
9	Other employee benefits	97,449.	73,087.	24,362.	
10 11	Payroll taxes Fees for services (non-employees):	J1,44J•	73,007.	24,502.	
'' a					
a b		358,454.	286,763.	71,691.	
c	Accounting	182,116.	136,587.	45,529.	
d		79,273.	63,418.	15,855.	
e	Professional fundraising services. See Part IV, line 17	- , -		,	
f	Investment management fees	27,220.		27,220.	
g		-			
_	column (A) amount, list line 11g expenses on Sch O.)	799,307.	759,341.	39,966.	
12	Advertising and promotion	101,783.	101,783.		
13	Office expenses	63,587.	53,746.	9,841.	
14	Information technology	285,767.	271,479.	14,288.	
15	Royalties	455 445	115 005	27.000	
16	Occupancy	155,115.	117,887.	37,228.	
17	Travel	82,598.	41,299.	41,299.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	65,576.	32,788.	32,788.	
19 20	Conferences, conventions, and meetings	05,570.	54,700•	34,700.	
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	834,056.	792,353.	41,703.	
23	Insurance	9,347.	.,,,,,,,	9,347.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	·			
а	amount, list line 24e expenses on Schedule 0.) CREDIT CARD PROC. FEES	131,871.	125,277.	6,594.	
a b	TAXES AND LICENSES	18,783.	14,087.	4,696.	
c	DUES AND SUBSCRIPTIONS	5,133.	257.	4,876.	
d	PAYROLL SERVICE FEES	3,576.	2,682.	894.	
	All other expenses	7,240.	5,430.	1,810.	
25	Total functional expenses. Add lines 1 through 24e	4,880,537.	4,073,978.	806,559.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part	. ^	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	676,393.	1	2,049,238
	2	Savings and temporary cash investments	2,159,893.	2	2,403,107
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	164.	4	220
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
tz		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	92,877.	9	9,267
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 0 •			
	b	Less: accumulated depreciation 10b	1,858,536.	10c	
	11	Investments - publicly traded securities	4,283,434.	11	5,179,701
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,279,255.	15	6,797,812
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,350,552.	16	16,439,345
	17	Accounts payable and accrued expenses	216,077.	17	326,392
	18	Grants payable		18	
	19	Deferred revenue		19	
:	20	Tax-exempt bond liabilities		20	
:	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S S	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
- :	23	Secured mortgages and notes payable to unrelated third parties		23	
:	24	Unsecured notes and loans payable to unrelated third parties		24	
:	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	791,816.	25	0
:	26	Total liabilities. Add lines 17 through 25	1,007,893.	26	326,392
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	10 010 650		16 110 050
a l	27	Unrestricted net assets	10,342,659.	27	16,112,953
Fund Balances	28	Temporarily restricted net assets		28	
둳 :	29	Permanently restricted net assets		29	
ឨ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ğ		and complete lines 30 through 34.			
; get	30	Capital stock or trust principal, or current funds		30	
¥§; ∣	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	10 010 5=5	32	46 440 2=2
~ :	33	Total net assets or fund balances	10,342,659.	33	16,112,953
;	34	Total liabilities and net assets/fund balances	11,350,552.	34	16,439,345

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,88	0,5	<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		, 33		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	34,		
5	Net unrealized gains (losses) on investments	5		43	<u>5,3</u>	89.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	16	,11	2,9	53.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization YOGA ALLIANCE REGISTRY 94-3079524 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

14190827 745960 39848

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						_
	tion B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		• •	, ,	, ,		.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First five years. If the Form 990 is for					on 501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		
18	Private foundation. If the organization						
						edule A (Form 990	

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.)

	qualify under the tests listed b	elow, please comp	olete Part II.)				
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,000.	7,840.	31,865.	69,883.	69,957.	184,545.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,819,968.	4,367,081.	4,948,140.	4,546,975.	5,087,911.	22,770,075.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,824,968.	4,374,921.	4,980,005.	4,616,858.	5,157,868.	22,954,620.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			1,670.	536.	100.	2,306.
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			1,670.	536.	100.	2,306.
	Public support. (Subtract line 7c from line 6.)						22,952,314.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	3,824,968.	4,374,921.	4,980,005.	4,616,858.	5,157,868.	22,954,620.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	67,527.	108,983.	99,912.	126,195.	258,309.	660,926.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	67,527.	108,983.	99,912.	126,195.	258,309.	660,926.
12	Other income. Do not include gain or loss from the sale of capital				10 164		10 164
	assets (Explain in Part VI.)				18,164.		18,164.
	Total support. (Add lines 9, 10c, 11, and 12.)	3,892,495.	4,483,904.	5,079,917.		5,416,177.	23,633,710.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here	:- 0					>
	tion C. Computation of Publ						07.10
	Public support percentage for 2017 (I					15	97.12 %
	Public support percentage from 2016					16	97.96 %
	tion D. Computation of Inves					1	2 00
17	Investment income percentage for 20					17	2.80 %
18	Investment income percentage from 2					18	1.95 %
19a	33 1/3% support tests - 2017. If the						
	more than 33 $1/3\%$, check this box are						
	00 4/00/	organization did n	ot check a boy on	line 14 or line 19a	and line 16 is mo	re than 33 1/3%	and
b	33 1/3% support tests - 2016. If the	-					
	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio	eck this box and sto	op here. The organ	nization qualifies a	is a publicly suppo	rted organization	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	461		
_	10b	00 E7	

Pai	rt IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
<u>Sec</u>	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the 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.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		V	Na
	Did the examination avoide to each of its supported examinations, by the last day of the fifth month of the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ü	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		
Sec	ction 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 yea (see instru)	ctions).		
а	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		see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction					
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2017

- 41	Typo in Iton I anotionally intograted coo	(a)(3) Supporting Orga	anizations _(continued)	_
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A linear 1 2 the 50 4h 45 56 9 00 00 110 11b and 110 Dat IV Section B linear 1 and 2 Dat IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
•	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2017

Y	OGA ALLIANCE REGISTRY	94-3079524				
Organization type (check	cone):					
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					
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.				
General Rule						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509(a)(any one contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ	•				

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

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 ______ > ___ \$__

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Name of organization Employer identification number

YOGA ALLIANCE REGISTRY 94-3079524

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for

YOGA ALLIANCE REGISTRY

94-3079524

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		 \$	
3453 11-01-	-17		990, 990-EZ, or 990-PF) (20

Name of organization Employer identification number 94-3079524 YOGA ALLIANCE REGISTRY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

Tax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organizat 	ions: Complete Part III.			
Name of organization	-		Empl	oyer identification number
	LIANCE REGISTRY			94-3079524
Part I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the organization	ation's direct and indirect politica	ıl campaign activities i	n Part IV.	
2 Political campaign activity expenditu	ures		▶\$	
3 Volunteer hours for political campaig	gn activities			
Part I-B Complete if the org	anization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	▶\$	
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				
b If "Yes." describe in Part IV.				
Part I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 501(c)(3).
1 Enter the amount directly expended	l by the filing organization for sec	tion 527 exempt funct	ion activities >\$	
2 Enter the amount of the filing organi	zation's funds contributed to oth	er organizations for se	ection 527	
exempt function activities				
3 Total exempt function expenditures				
line 17b			▶\$	
4 Did the filing organization file Form	1120-POL for this year?			LLL Yes LLL No
5 Enter the names, addresses and em	. ,	,	· ·	0 0
made payments. For each organizat	•	• •		•
contributions received that were pro	• •		•	te segregated fund or a
political action committee (PAC). If a		de information in Part	IV. T	T
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds. If none, enter -0	contributions received and promptly and directly
			Turius. Il riorio, critor o .	delivered to a separate
				political organization.
				If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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	dule C (Form 990 or 990-EZ) 2017 YOGA			079524 Page 2				
Pai	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
	section 501(h)).							
A CI	neck if the filing organization below	ongs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,				
	expenses, and share of exc	cess lobbying expenditures).						
B C	neck 🕨 🔲 if the filing organization che	cked box A and "limited control" provisions apply.						
	Limits on Lo (The term "expenditures"	(a) Filing organization's totals	(b) Affiliated group totals					
1a	Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)	0.					
b	Total lobbying expenditures to influence a	legislative body (direct lobbying)	79,273.					
С		and 1b)	79,273.					
d		,	4,801,264.					
е		nes 1c and 1d)	4,880,537.					
		nount from the following table in both columns.	394,027.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25%	of line 1f)	98,507.					
h	Subtract line 1g from line 1a. If zero or less	<i>'</i>	0.					
i	Subtract line 1f from line 1c. If zero or less	, enter -0-	0.					
j	If there is an amount other than zero on ei	ther line 1h or line 1i, did the organization file Form 4720	_					
	reporting section 4911 tax for this year?		<u> </u>	Yes No				
		4-Year Averaging Period Under section 501(h)		_				
	` •	le a section 501(h) election do not have to complete all see the separate instructions for lines 2a through 2f.)	of the five columns b	elow.				
		bbying Expenditures During 4-Year Averaging Period						

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount	294,388.	277,216.	307,625.	394,027.	1,273,256.				
b Lobbying ceiling amount (150% of line 2a, column(e))					1,909,884.				
c Total lobbying expenditures			92,795.	79,273.	172,068.				
d Grassroots nontaxable amount	73,597.	69,304.	76,906.	98,507.	318,314.				
e Grassroots ceiling amount (150% of line 2d, column (e))					477,471.				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2017

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)).

 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? 				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j Total. Add lines 1c through 1i				
2a 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				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5). or se	ction	
501(c)(6).	(-)(-	,,		
			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th	ne prior year?	3		
answered "Yes." 1 Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	Jai			
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).	Jai			
expenses for which the section 527(f) tax was paid).		2a		
expenses for which the section 527(f) tax was paid). a Current year				
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year		2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total		2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	cess	2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and page 1.	cess political	2b 2c 3		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	cess	2b 2c 3		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOGA ALLTANCE REGISTRY

Employer identification number 94 - 3079524

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin		•	
	, ,	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			·	No
Pai				
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area	
	Protection of natural habitat	Preservation of a certif	fied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conservation easement on the las	st
	day of the tax year.		Held at the End of the Tax	Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re-			
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year	
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year	
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			1
	and section 170(h)(4)(B)(ii)?		Yes L	No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for	
	conservation easements.	(4) 11: 1 : 17	0: :: 4	
Pa		-	tner Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	· · · · · · · · · · · · · · · · · · ·	nce of public service, provide, in Part	XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amo	unts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	•	gain, provide	
	the following amounts required to be reported under SFAS 1		.	
a	Revenue included on Form 990, Part VIII, line 1			
р	Assets included in Form 990, Part X		🏲 🕽	

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

Schedule D (Form 990) 2017

Par	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, or	Other	Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research	e	, [Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how th	ney further t	he organization	n's exemp	ot purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other asse	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or co	ustodial accour	nt liability	?	L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	on has been	provided on P	art XIII					
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part I\	/, line 10.					
		(a) Current year	(b) P	rior year	(c) Two years	back (d)) Three y	ears back	(e) Four	r years	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 curre	ent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3а	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	and administere	d for the	organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	"Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990, I	Part X, lin	ne 10.				
	Description of property	(a) Cost or of basis (investr		` ,	or other (other)	(c) Accu	umulate eciation	d	(d) Boo	k valu	Э
	Land	<u> </u>	•								
	Buildings										
	Leasehold improvements				<u> </u>						
	Equipment				<u> </u>						
	Other										

Schedule D (Form 990) 2017

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2017 YOGA ALLIAN	CE REGISTRY	94-3079524 _{Page}
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

Complete if the organization answered Tes	Official 1930, Falt IV, life	Tre. See Form 990, Fait 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	6,797,812.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,797,812.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)) Federal income taxes		
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047 **2017**Open to Public

Inspection

Name of the organization **Employer identification number** 94-3079524 YOGA ALLIANCE REGISTRY General Information on Grants and Assistance Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) YOGA ALLIANCE	REGISTRY				94-3079524	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed		e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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
SCHOLARSHIPS	30	66,000.	0.			
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						
YOGA TEACHER TRAINING SCHOLARSHIP	APPLICAN	TS SUBMIT	AN APPLICA	TION. ONCE		
SELECTED, A SCHOLARSHIP AGREEMENT	AND A ME	MORANDUM O	F UNDERSTA	NDING ARE		
SIGNED TO INDICATE ACCEPTANCE OF	THE TERMS	OF THE AW	ARD BY ALL	PARTIES		
(STUDENT AND REGISTERED YOGA SCHO	OL).					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

YOGA ALLIANCE REGISTRY

Employer identification number 94-3079524

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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 compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) BARBARA DOBBERTHIEN (i	0.	0.	0.		0.		0.
EXECUTIVE DIR. & COO (THROUGH 06/17)		0.	68,750.	2,031.	10,174.	164,225.	
(2) DAVID LIPSIUS (i	0.	0.	0.		0.		0.
PRESIDENT AND CEO (BEG. 05/17) (iii		0.	0.	2,769.	6,005.	192,542.	0.
(i							
(ii							
(i							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES. OFFICER COMPENSATION IS
DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF YAPLUS, A RELATED
ORGANIZATION. YAPLUS USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION
OF THE CEO:
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
- COMPENSATION COMMITTEE
- COMPENSATION SURVEY OR STUDY
PART I, LINE 4A:
BARBARA DOBBERTHIEN RECEIVED A SEVERANCE PAYMENT OF \$68,750 IN 2017.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

YOGA ALLIANCE REGISTRY

Employer identification number 94-3079524

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE BOARD RECEIVED A COPY OF THE FORM 990 BEFORE IT WAS FILED WITH THE IRS.

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

BOARD MEMBERS ARE ASKED TO ANNUALLY 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, PRESCRIBED FORM AND PERIODICALLY AS FACTS DICTATE, ANY SUCH CONFLICTS OF INTEREST AND ANY BUSINESS, FINANCIAL, AND ORGANIZATIONAL INTERESTS AND AFFILIATIONS THAT ARE OR COULD BE CONSTRUED TO BE A CONFLICT OF INTEREST. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES, THE BOARD CONSIDERS THE WITH THE BOARD MEMBER WITH THE POTENTIAL CONFLICT OF INTEREST MATTER, RECUSING HIMSELF/HERSELF FROM THE MATTER.

WHEN EMPLOYEES WISH TO SERVE ON BOARDS, COMMISSIONS, OR IN OTHER OUTSIDE ACTIVITIES THAT ARE IN THE PUBLIC INTEREST, THEY MUST FIRST CONFIRM WITH THE COO THAT THE VOLUNTARY SERVICE IS APPROPRIATE AND DOES NOT PRESENT A CONFLICT INTEREST WITH THEIR WORK FOR YOGA ALLIANCE REGISTRY. YOGA ALLIANCE REGISTRY REQUIRES EMPLOYEES TO REVIEW THE EMPLOYEE PERSONNEL HANDBOOK AT THE BEGINNING OF EMPLOYMENT AND EACH YEAR AFTER.

THE ORGANIZATION MAINTAINS A RECORD OF EMPLOYEES CONFIRMING THAT THEY HAVE RECEIVED AND REVIEWED THE HANDBOOK AT LEAST ANNUALLY. IF A CONFLICT OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization **Employer identification number** YOGA ALLIANCE REGISTRY 94-3079524 INTEREST ARISES, YOGA ALLIANCE REGISTRY INTERVIEWS THE EMPLOYEE IN QUESTION TO REVIEW THE POSSIBLE CONFLICT. IF IT WAS DETERMINED THAT THE EMPLOYEE HAD A GENUINE CONFLICT OF INTEREST, THEY WOULD BE ASKED TO CEASE THE ACTIVITY IMMEDIATELY IN ORDER TO CONTINUE WITH EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES. OFFICER COMPENSATION IS DETERMINED BY THE THE EXECUTIVE COMMITTEE OF THE BOARD OF YAPLUS, A RELATED ORGANIZATION. THE BOD REVIEWS THE PERFORMANCE OF THE OFFICERS AND DETERMINE 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 WITH REGARD TO 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 2017. FORM 990, PART VI, SECTION C, LINE 19: YOGA ALLIANCE REGISTRY PROVIDES DOCUMENTS UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 745,574. MANAGEMENT AND GENERAL EXPENSES 39,241. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 784,815.

Name of the organization YOGA ALLIANCE REGISTRY	Employer identification number 94-3079524
PROGRAM SERVICE EXPENSES	13,767.
MANAGEMENT AND GENERAL EXPENSES	725.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,492.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	799,307.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

YOGA ALLIANCE REGISTRY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

94-3079524

Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.			
	(a)	(b)	(c)	(d)	(e)		(f)
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year		controlling ntity
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-exe	empt
	(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	(g) Section 512(b)(13) controlled entity?

SEE SCHEDULE R, PART VII

FOR FULL DESCRIPTION.

foreign country)

501(C)(6)

501(c)(3))

N/A

YOGA ALLIANCE

REGISTRY

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

YAPLUS D/B/A YOGA ALLIANCE - 38-3849013

1560 WILSON BOULEVARD, STE 700

ARLINGTON, VA 22209

Schedule R (Form 990) 2017

Yes

Х

No

VIRGINIA

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile Direct controlling P	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionat		Code V-UBI	General	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
	1										
	1										
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	-										

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	controlling Type of entity Share of t		(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t conti ent	(i) ction (b)(13) rolled tity?				
		country)		or tracty		455515		Yes	No				
								 	 				
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-													
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Page 3

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

No	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
	b Gift, grant, or capital contribution to related organization(s)			X
	Gift, grant, or capital contribution from related organization(s)			X
	d Loans or loan guarantees to or for related organization(s)		X	
	Loans or loan guarantees by related organization(s)			X
f	f Dividends from related organization(s)	1f		X
g	g Sale of assets to related organization(s)	1g	X	
	Purchase of assets from related organization(s)			X
i	Exchange of assets with related organization(s)			X
j	Lease of facilities, equipment, or other assets to related organization(s)			X
Ī				
k	k Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
-1	Performance of services or membership or fundraising solicitations for related organization(s)			X
n	m Performance of services or membership or fundraising solicitations by related organization(s)			X
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
	Sharing of paid employees with related organization(s)		X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses		X	
r	Other transfer of cash or property to related organization(s)	1r		Х
	S Other transfer of cash or property from related organization(s)			X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	•	•	
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount	nt involved		

,		<u>, , , , , , , , , , , , , , , , , , , </u>	
(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	A	32,677.	ACTUAL AMOUNT
(2) YAPLUS D/B/A YOGA ALLIANCE	D	1,008,237.	LOAN AMOUNT
(3) YAPLUS D/B/A YOGA ALLIANCE	G	5,668,782.	SALE PRICE
(4) YAPLUS D/B/A YOGA ALLIANCE	0	1,561,456.	COST SHARE
(5) YAPLUS D/B/A YOGA ALLIANCE	P	6,446,988.	COST SHARE
<u>(6)</u>	4.2		

Page 4

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

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

(a)	(b)	(c)	(d)	Are a partners 501(c orgs)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentag
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	r? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	10
			,	163	140			163	INO	,	1631	<u>'</u>
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STATE COPY

** 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)

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

\sim	i oi tiit	e 2017 Calendar year, or tax year beginning	enung	_	
В	Check if applicable	C Name of organization		D Employer identifi	ication number
	Addre: chang				
	Name chang	Doing business as YOGA ALLIANCE FOUNDATION		94-3	079524
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return/		700		.)482-3355
	termin ated		1	G Gross receipts \$	12,374,520.
	Ameno			H(a) Is this a group r	
F	Applic	•		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	—
_	T-1/ -1/	empt status:	or 527	1	
		e: NWW. YOGAALLIANCE. ORG	01 327	┥,	list. (see instructions)
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	M State of legal domicile: WA
	art I	Summary	L Year	oriorination. 1907	VI State of legal doffliche. WA
Г			ר שמעע	TTT T T T T T T T T T T T T T T T T T	
S	1	Briefly describe the organization's mission or most significant activities: SEE	PARI 1	LII, DINE I.	
Governance		0			
Æ	2	Check this box if the organization discontinued its operations or dispositions of the organization discontinued its operations or dispositions of the organization discontinued its operations or disposition discontinued its operation discontinued discontinued its operation discontinued its operatio		I _	
်	3			<u>3</u>	$\frac{7}{7}$
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)			10
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		69,883.	69,957.
en	9	Program service revenue (Part VIII, line 2g)		4,546,975.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-12,115.	5,057,574.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,164.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,622,907.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		42,000.	66,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,006,265.	1,603,735.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
z E	· b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,104,225.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,152,490.	4,880,537.
	19	Revenue less expenses. Subtract line 18 from line 12		1,470,417.	5,334,905.
Net Assets or	200			eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		11,350,552.	16,439,345.
AS	21	Total liabilities (Part X, line 26)		1,007,893.	
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		10,342,659.	16,112,953.
P	art II	Signature Block			
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and staten	nents, and to the best of m	ny knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
Sig	an	Signature of officer		Date	
He		■ DAVID LIPSIUS, PRESIDENT AND CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		,,,,,		if self-employ	ved .
	eparer	Firm's name GELMAN, ROSENBERG & FREEDMAN	L	Firm's EIN	52-1392008
	e Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		1 5 E	
	,	BETHESDA, MD 20814-2930		Phone no (3	01) 951-9090
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110. (3	X Yes No
	., 11	1000 indiadion			100

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROMOTE AND SUPPORT THE DIVERSITY AND INTEGRITY OF YOGA TEACHING.
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.
2	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?
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$4,073,978. including grants of \$66,000.) (Revenue \$5,087,911. YOGA ALLIANCE FOUNDATION FOCUSES ON YOGA-BASED SOCIAL IMPACT LOOKING TO INCREASE ACCESSIBILITY FOR UNDERSERVED, MARGINALIZED AND UNDER-REPRESENTED COMMUNITIES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
4 -	(Expenses \$\frac{\text{including grants of \$}}{4,073,978}\$) (Revenue \$\frac{\text{Nevenue \$}}{\text{Notal program service expenses}}\$\frac{\text{Notal program service expenses}}{\text{Notal program service expenses}}\$\frac{\text{Notal program service expenses}}{Notal program
4e	Total program service expenses ► 4,073,978.

732002 11-28-17

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		х
1E	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			ا ۔۔
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		₩
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section of the number reported in Box 3 of Form 1096. Enter 0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V				Ш
b Enter the number of Forms W26 included in line 1a. Enter of in rid applicable 1					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If all east one is reported on line 28, did the organization file all required federal employment tax returns? 2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1 (300 or more during the year? 3 A AI ary time during the calendar year, did the organization file all required federal employment tax returns? 3 Did the organization have unrelated business gross income of \$1 (300 or more during the year? 3 A AI ary 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 level or the same of the foreign country? 5 See instructions for filing requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5 Was the organization and party to a prohibeted at was en a separate to a service at wheter transaction? 5 Did any taxebule party notify the organization file Form 8868-17 6 Did any taxebule party notify the organization file Form 8868-17 6 Did where the organization and party to a prohibeted at whether transaction solid any contributions that may receive deductible as charitable contributions? 5 Did were not tax deductible? 6 Did the organization received an ontity the donor of the value of the geodos or services provided? 6 Did the organization received an ontity the donor of the value of the geodos or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8262? 6 Did the organization received a contribution of qualified intellectual property,	1a					
Gambling) winnings to prize winners? a Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, liked for the calendar year ending with or within the year covered by this return b I fall teast one is reported on line 2a, did the organization like all required federal employment tax returner? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If I'ves, "as it lifed a Form 990 To for this year I'm", for file 83, provide an explanation in Schedule 0 3b DI I'ves, "and I till de Form 990 To fro this year I'm", for file 83, provide an explanation in Schedule 0 3b DI I'ves, "enter the name of the foreign country; less has a bank account, securities account, or other financial accounts? 4a A 1am; 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 A 1am; time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "did the organization have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 5c I were not tax deductibles a charitable contributions? 6c I were not tax deductibles a charitable contributions? 6c I Yes," did the organization nebule with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable to orthoributions? 6c I Yes," did the organization receive a payment in excess	b		ib °			
2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2	С				37	
fleed for the calendary year ending with or within the year covered by this return. 1			I	1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a IV 19 (*Yes, *has it filed a Form 990-Ti or this year? If *Yes, *to line 3b, provide an explanation in Schedule O 3b IV 19 (*Yes, *has it filed a Form 990-Ti or this year? If *Yes, *to line 3b, provide an explanation in Schedule O 3b IV 19 (*Yes, *has it filed a Form 990-Ti or this year? If *Yes, *to line 3b, provide an explanation in Schedule O 3b IV 19 (*Yes, *to line 1 and *Yes) 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV 19 (*Yes, *to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization that It was or is a party to a prohibited tax shelter transaction? 5b IV 19 (*Yes, *to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c IV 19 (*Yes, *to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the expression of the value of the goods or services provided? 7c Organization that may receive deductible contributions under section 170(c). 8d If the organization receive a payment in excess of 35 made party as a contribution and party for goods and services provided to the payor? 7a IV 19 (*Yes, *tid the organization notify the donor of the value of the goods or services provided? 7b IV 19 (*Yes, *tid the organization notify the donor of the value of the goods or services provided? 7c IV 20 (*Yes, *tid the organization receive any funds, directly or indirectly, on a personal benefit contract? 7d (*Yes, *tid the organization was	2a					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "I'es," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O 3b If "I'es," has it filed a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O 3c I'men 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. ▶ See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for this requirement for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for the filing for provide the system of the filing for I filing for				1		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? bif 17 eys, "has it filed a Form 9901 for this year? if "No," to fine 3b, provide an explanation in Schedule 0 bif 17 eys, "has it filed a Form 9901 for this year? if "No," to fine 3b, provide an explanation in Schedule 0 bif 17 eys, "the trime 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 (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization for the organization file Form 8886 17? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b M Yes, "id of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c M Yes, "id of the organization include with every solicitation and parity for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization sell, sexhange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," rid the organization neceive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7b If "Yes," did the organization file form 8282? 6b If the organization sell, sexhange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c If the organization file the warp of Forms 8282 filed during the year 9 July 18 Jul	b			2b		
b if Yes, *has it filed a Form 990-T for this year? If *No,* to line 3b, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 5 infancial accountly of the calendar year, did the organization have an interest in, or a signature or other authority over, a 5 infancial accountly of the sequence of the se						v
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, erother financial account)? 5a Was the organization aper to to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aper to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization aperiated tax shelter transaction at any time during the tax year? 5b Z X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886.T? 6a Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 The Si did the organization notity the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization funding the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization funding the year pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization funding the year pay premiums, directly or indirectly, on a personal be				\vdash		Α.
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organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b						
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14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			13b			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С		13c			
						X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O			<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X		
Sec	tion A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	7					
	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 in Schedule O.						
b	b Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	\neg					
	officer, director, trustee, or key employee?		2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	···· [
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	г	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	····	5		Х		
6	Did the organization have members or stockholders?	···· [6		Х		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	···· [
	more members of the governing body?		7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	···· [
	persons other than the governing body?		7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?		8a	Х			
b	Each committee with authority to act on behalf of the governing body?	····	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	····					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	Γ	10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	···· [
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n?	11a	X			
b	Describe in 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	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	[12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	[12c	X			
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 independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	L	15a		X		
b	Other officers or key employees of the organization	[15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	L	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?		16b				
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	nly) a	vailab	le			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and	finan	cial			
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	SHANNON ROCHE - (571)482-3337 1560 WILSON BOULEVARD, STE 700, ARLINGTON, VA 22209-2408						
	TOOU WILDOOK DOULEVARD, DIE 100, ARLINGION, VA 22203-2400						

14190827 745960 39848

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l	41 III C		C)	прог	iout	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	-	cer an	id a d	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trust		ee	ubeu		(44-2/1099-141130)		organization and related
	below	dualt	tiona	_	nploy	st cor	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) KERRY MAIORCA	5.00									
CHAIR	5.00	Х		Х				0.	0.	0.
(2) TERRI MCDERMOTT	3.00									_
VICE CHAIR	3.00	Х		Х				0.	0.	0.
(3) MARION MUGS MCCONNELL	3.00									
SECRETARY	3.00	Х		Х				0.	0.	0.
(4) SWAMI ASOKANANDA	3.00									
BOARD MEMBER	3.00	Х		Х				0.	0.	0.
(5) DAVID PRYOR, JR.	3.00	l							•	•
BOARD MEMBER	3.00	Х						0.	0.	0.
(6) STAFFAN ELGELID	3.00									•
BOARD MEMBER	3.00	Х						0.	0.	0.
(7) ARUN TILAK	3.00								0	•
BOARD MEMBER (THROUGH 05/17)	3.00	Х						0.	0.	0.
(8) GYANDEV MCCORD	3.00	,,							0	0
BOARD MEMBER (THROUGH 05/17)	3.00	Х						0.	0.	0.
(9) JORDAN DIPIETRO	3.00	٦,							0	0
BOARD MEMBER (THROUGH 06/17)	3.00	Х						0.	0.	0.
(10) BRANDON HARTSELL	3.00	х						0.	0.	0
BOARD MEMBER	20.00	Λ						0.	0.	0.
(11) BARBARA DOBBERTHIEN	20.00			x				0.	152,020.	12,205.
EXECUTIVE DIR. & COO (THROUGH 06/17)	20.00			^				0.	132,020.	14,203.
(12) DAVID LIPSIUS PRESIDENT AND CEO (BEG. 05/17)	20.00			x				0.	183,768.	8,774.
(13) SHANNON ROCHE	20.00			<u> </u>				0.	103,700.	0,774.
COO (BEG. 07/17)	20.00			х				0.	101,050.	8,652.
(14) KIM HORN	20.00			1				0.	101,050.	0,032.
AVP OF HUMAN RESOURCES	20.00					х		0.	112,886.	29,445.
(15) JANEL KILEY	20.00						-		112,000	27,4434
UX MANAGER	20.00					х		0.	100,490.	5,064.
									-	
										- 000

Form **990** (2017)

732007 11-28-17

Fai	Section A. Officers, Directors, Trus	stees, Key Em	pioy	ees	, an	a Hi	ıgne	st C	compensated Employe	es (continuea)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title Average Average									stimate				
		nours per box, unless person is both an compensation compensation week officer and a director/trustee) from from related						nount o other						
		- I will will will be a second of the second							pensa					
		hours for	r dire				ted		organization	(W-2/1099-MI	SC)	fr	om the	е
		related	stee c	rustee			pensa		(W-2/1099-MISC)			•	anizati	
		organizations below	ual tru	onal t		ployee	t com						d relati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	0115
-			=	=	0	~	T 0	<u> </u>						
			1											
			4											
							-				-+			
								\longrightarrow						
-							\vdash				-			
			1											
1b	Sub-total							▶	0.	650,2	14.	64,140.		40.
	Total from continuation sheets to Part V							ightharpoons	0.		0.	-		
d	Total (add lines 1b and 1c)							<u> </u>	0.	650,2		6	4,1	40.
2	Total number of individuals (including but i	not limited to th	nose	liste	ed al	bove	e) wl	ho r	eceived more than \$100	0,000 of reportat	ole			0
	compensation from the organization											$\overline{}$	Yes	0 N o
2	Did the examination list any former officer	director or tw	ıoto	م اده		mala		۰.	highest companyed of	manlovoo on			162	NO
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the s								her compensation from			_		
7	and related organizations greater than \$15	•							•	the organization		4	х	
5	Did any person listed on line 1a receive or									idual for services		7		
J	rendered to the organization? If "Yes," con							Ciai	ica organization or marv	iddai for Scrvicc.		5		х
Sec	ction B. Independent Contractors	ipioto corrodar	001	0, 00	3011	porc	3011					<u> </u>		
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	mpensat	tion f	rom	
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	/ithir	n the organization's tax	year.				
	(A) Name and business	addross							(B) Description of s	convicos	C	(C		'n
<u>OD:</u>			C1/	אדדר	пцт	<u>π</u>	<u> </u>		AMS DEVELOPM			nper	nsatio	
RO	EN BOX INTEGRATION INC						עט		AMS DEVELOPM WERSTTE PROJ		1	٥5	0 4	ΛZ

(A)
Name and business address

OPEN BOX INTEGRATION INC., 8064 SOUTHWOOD
ROAD, HALFMOON BAY, BC, CANADA VON 1Y1

WEBSITE PROJECTS
THE BRIDGESPAN GROUP
COPLEY PLACE STE 3700B, BOSTON, MA 02116

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2017)

\$100,000 of compensation from the organization

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 69,957 g Noncash contributions included in lines 1a-1f: \$ 69,957 h Total. Add lines 1a-1f Business Code 2 a REGISTRY REVENUE 900099 Program Service Revenue 5,087,911 5,087,911 b f All other program service revenue 5,087,911. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 258,309 258,309. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 1,289,561. 5,668,782. assets other than inventory b Less: cost or other basis 1,303,285. 855,793 and sales expenses -13,724. 4,812,989 c Gain or (loss) 4,799,265 4,799,265. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

10,215,442.

5,087,911.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 66,000. 66,000. 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 Compensation of current officers, directors, 174,926. 233,235. 58,309. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,096,721. 822,541. 274,180. Other salaries and wages 7 Pension plan accruals and contributions (include 28,643. 21,482. 7,161 section 401(k) and 403(b) employer contributions) 110,765. 36,922. 147,687. 9 Other employee benefits 97,449. 24,362. 73,087. Payroll taxes 10 Fees for services (non-employees): a Management 286,763. 358,454. 71,691. Legal 182,116. 136,587. 45,529. Accounting 79,273. 63,418. 15,855. Lobbying Professional fundraising services. See Part IV, line 17 27,220. 27,220. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 799,307 759,341. 39,966 column (A) amount, list line 11g expenses on Sch O.) 101,783. 101,783. Advertising and promotion 12 63,587. 53,746. 9,841. Office expenses 13 271,479. 14,288. 285,767. 14 Information technology Royalties 15 117,887. 155,115. 37,228. 16 Occupancy 41,299. 82,598. 41,299. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 65,576. 32,788. 32,788. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 41,703. 834,056. 792,353. Depreciation, depletion, and amortization 22 9,347. 9,347. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 131,871. 125,277. 6,594. CREDIT CARD PROC. FEES TAXES AND LICENSES 18,783. 14,087. 4,696. DUES AND SUBSCRIPTIONS 5,133. 257. 4,876. 3,576. 2,682. 894. PAYROLL SERVICE FEES 7,240. 5,430. 1,810. e All other expenses 4,880,537. 4,073,978. 806,559. 0. Total functional expenses. Add lines 1 through 24e 25 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)

14190827 745960 39848

Form 990 (2017)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		676,393.		2,049,238.
	2	Savings and temporary cash investments			2	2,403,107.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	220.
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensations				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	•			
		employers and sponsoring organizations of section		9		
w		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9			1 02 077		9,267.
	l	Land, buildings, and equipment: cost or other	 I I			57=0
	104	basis. Complete Part VI of Schedule D	102).		
	b	Less: accumulated depreciation		1,858,536.	10c	
	11	Investments - publicly traded securities	1 000 101	11	5,179,701.	
	12	Investments - other securities. See Part IV, line 1		··	12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	•	14		
	15	Other assets. See Part IV, line 11				6,797,812.
	16	Total assets. Add lines 1 through 15 (must equ		11 250 550	16	16,439,345.
	17	Accounts payable and accrued expenses		244		326,392.
	18	Grants payable		"	18	-
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
S	22	Loans and other payables to current and former	officers, directors, trustees,			
ı≝		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			_
		Schedule D			25	0.
	26	Total liabilities. Add lines 17 through 25		1,007,893.	26	326,392.
		Organizations that follow SFAS 117 (ASC 958), check here $ ightharpoonup$ X and			
es		complete lines 27 through 29, and lines 33 an		40.040.450		1.5.110.000
anc	27	Unrestricted net assets		10,342,659.		16,112,953.
Fund Balances	28				28	
pu	29				29	
Ŀ		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖			
ğ		and complete lines 30 through 34.				
3ets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or	32	Retained earnings, endowment, accumulated in			32	16 110 052
~	33	Total net assets or fund balances		1 11 252 552		16,112,953.
	34	Total liabilities and net assets/fund balances		11,350,552.	34	16,439,345.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			10 21	- 1	12	
1	Total revenue (must equal Part VIII, column (A), line 12)		10,21			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,88			
3	Revenue less expenses. Subtract line 2 from line 1	3	5,33			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,342,659.		
5	Net unrealized gains (losses) on investments	5	43	5,3	<u>89.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	16,11	2,9	53.	
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			X	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number YOGA ALLIANCE REGISTRY 94-3079524 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five 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								
membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf furnished by a governmental unit to the organization without charge through 3 to the organization without charge through 3 to the organization without charge through 3 to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Subtract line 5 from line 4. 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and income from similar sources. 9 Net income from through 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines? through 10 Cross receipts from related activities, etc. (see instructions) 12 Trest five 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	 al							
include any "unusual grants.") 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 26 of the amount shown on line 11, column (f) 6 Public support. Submactine 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assesses (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 15 First five 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								
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4 Total. Add lines 1 through 3								
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five 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								
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organization, check this box and stop here Section C. Computation of Public Support Percentage								
Section C. Computation of Public Support Percentage								
	organization, check this box and stop here							
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))								
	<u>%</u>							
15 Public support percentage from 2016 Schedule A, Part II, line 14	<u>%</u>							
6a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
and stop here. The organization qualifies as a publicly supported organization	٠							
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	·							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2017

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.)

qualify unde	r the tests listed be	elow, please comp	olete Part II.)				
Calendar year (or fiscal ye	ar beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contri	butions, and	` '	` ,	` ,	, ,	, ,	. ,
membership fees re	· ·						
include any "unusu	· ·	5,000.	7,840.	31,865.	69,883.	69,957.	184,545.
2 Gross receipts from merchandise sold of formed, or facilities any activity that is rorganization's tax-e	n admissions, or services per- furnished in elated to the	3,819,968.	4,367,081.	4,948,140.			
3 Gross receipts from are not an unrelated iness under section	d trade or bus-						
4 Tax revenues levied ization's benefit and or expended on its	I for the organ- d either paid to						
5 The value of service furnished by a gove the organization with	ernmental unit to						
6 Total. Add lines 1 to	hrough 5	3,824,968.	4,374,921.	4,980,005.	4,616,858.	5,157,868.	22,954,620.
7a Amounts included of	on lines 1, 2, and						
3 received from disc b Amounts included on lines from other than disqualifie	s 2 and 3 received d persons that			1,670.	536.	100.	2,306.
exceed the greater of \$5,0 amount on line 13 for the							0.
c Add lines 7a and 7b	Т			1,670.	536.	100.	2,306.
8 Public support. (Sub							22,952,314.
Section B. Total Si							, ,
Calendar year (or fiscal ye		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	· · · · ·	3,824,968.	4,374,921.	4,980,005.	4,616,858.	5,157,868.	22,954,620.
10a Gross income from dividends, payment securities loans, rer and income from si	interest, is received on nts, royalties,	67,527.				258,309.	660,926.
b Unrelated business tax (less section 511 taxe acquired after June 30	s) from businesses						
c Add lines 10a and 1	10b	67,527.	108,983.	99,912.	126,195.	258,309.	660,926.
11 Net income from ur activities not includ whether or not the l regularly carried on	related business ed in line 10b, business is						
12 Other income. Do n or loss from the sale assets (Explain in P	e of capital				18,164.		18,164.
13 Total support. (Add line		3,892,495.	4,483,904.	5,079,917.	4,761,217.	5,416,177.	23,633,710.
14 First five years. If t	he Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and		- 		<u></u>	<u></u>	-	
Section C. Compu		c Support Pe	rcentage				
15 Public support perd				olumn (f))		15	97.12 %
16 Public support perd						16	97.96 %
Section D. Compu						1 1	<i>3-2 /</i> (
17 Investment income				o 12 oolumn (f)\		17	2.80 %
						18	2.80 % 1.95 %
18 Investment income							
19a 33 1/3% support to							▶ ▼
more than 33 1/3% b 33 1/3% support to line 18 is not more to	ests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	ore than 33 1/3%,	and
20 Private foundation			-	· ·	nis box and see ins	-	>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the 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.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	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			
		1		
800	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
<u> </u>	tion b. All Type in Supporting Organizations		Vaa	No
	Did the executation provide to each of its supported executations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
Sec	tion 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 yea(see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2017

Y	OGA ALLIANCE REGISTRY	94-3079524						
Organization type (check	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ								
	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								
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor							
Special Rules								
sections 509(a)(any one contribu	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for							

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

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 ______ > __ \$_

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Name of organization Employer identification number

YOGA ALLIANCE 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		\$15,000.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

YOGA ALLIANCE REGISTRY

94-3079524

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization Employer identification number 94-3079524 YOGA ALLIANCE REGISTRY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom 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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of organization 94-3079524 YOGA ALLIANCE REGISTRY Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures _______ > \$_____ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 4a Was a correction made? No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities _______ > \$_ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b _______▶\$___ 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (d) Amount paid from (a) Name (c) EIN (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

,					
Part II-A Complete if the or	ganization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).					
A Check ► if the filing organiz	ation belongs to an affi	iliated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	are of excess lobbying	expenditures).			
B Check ▶ ☐ if the filing organiz	ation checked box A a	nd "limited control" pro	visions apply.		
Lim (The term "exper	(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to in	0.				
b Total lobbying expenditures to in	luence a legislative boo	dy (direct lobbying)		79,273.	
c Total lobbying expenditures (add	lines 1a and 1b)			79,273.	
d Other exempt purpose expenditu				4,801,264.	
e Total exempt purpose expenditur	es (add lines 1c and 1c	d)		4,880,537.	
f Lobbying nontaxable amount. En	ter the amount from the	e following table in bot	h columns.	394,027.	
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$1	7,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
			_		
g Grassroots nontaxable amount (e	nter 25% of line 1f)			98,507.	
h Subtract line 1g from line 1a. If ze	ro or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-				0.	
j If there is an amount other than z	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations	that made a section 5	eraging Period Under i01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	1	1			

	Lobbying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	294,388.	277,216.	307,625.	394,027.	1,273,256.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,909,884.
c Total lobbying expenditures			92,795.	79,273.	172,068.
d Grassroots nontaxable amount	73,597.	69,304.	76,906.	98,507.	318,314.
e Grassroots ceiling amount (150% of line 2d, column (e))					477,471.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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)).

the lobbying activity.			a) 		(b)
		Yes	No	Am	ount
During the year, did the filing	g organization attempt to influence foreign, national, state or				
local legislation, including a	ny attempt to influence public opinion on a legislative matter				
or referendum, through the	use of:				
a Volunteers?					
b Paid staff or management (i	nclude compensation in expenses reported on lines 1c through 1i)? \dots				
	there are the problem 0				
	ators, or the public?				
	r broadcast statements?				
	rs, their staffs, government officials, or a legislative body?				
	ninars, conventions, speeches, lectures, or any similar means?				
	illiais, conventions, speeches, lectures, or any similar means?				
	1i				
	use the organization to be not described in section 501(c)(3)?				
	f any tax incurred under section 4912				
	f any tax incurred by organization managers under section 4912				
	urred a section 4912 tax, did it file Form 4720 for this year?				
	e organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or	section	
art III-A Complete if th		` '			
art III-A Complete if th 501(c)(6).					
-				Yes	l N
501(c)(6).	or more) dues received nondeductible by members?		1	_	N
501(c)(6). Were substantially all (90%	or more) dues received nondeductible by members? only in-house lobbying expenditures of \$2,000 or less?				N
501(c)(6). Were substantially all (90% Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect f either (a) BOTH Part III-A, lines 1 and 2, are answered	the prior yea	2 1/? 3 1(5), or	section	
501(c)(6). Were substantially all (90% Did the organization make of Did the organization agree the sert III-B Complete if the 501(c)(6) and in answered "Ye	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect f either (a) BOTH Part III-A, lines 1 and 2, are answered s."	the prior yea ion 501(c) d "No," Ol	2 1/7 3 1(5), or R	section art III-A, li	
501(c)(6). Were substantially all (90% Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and simple to the substantial organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and simple the substantial organization and simple the substantial organization and simple the substantial organization and substantial organization agree the substantial organi	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered s." onliar amounts from members	the prior yea ion 501(c) d "No," Ol	2 1/7 3 1(5), or R	section art III-A, li	
501(c)(6). Were substantially all (90% Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and simple to the substantial organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and simple the substantial organization and simple the substantial organization and simple the substantial organization and substantial organization agree the substantial organi	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered s." initial amounts from members le lobbying and political expenditures (do not include amounts of political expenditures)	the prior yea ion 501(c) d "No," Ol	2 1/7 3 1(5), or R	section art III-A, li	
501(c)(6). Were substantially all (90% Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and simple Section 162(e) nondeductibe expenses for which the section 162.	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered s." initial amounts from members le lobbying and political expenditures (do not include amounts of politication 527(f) tax was paid).	the prior yea ion 501(c) d "No," Ol	2 3)(5), or R R (b) Pa	section art III-A, li	
501(c)(6). Were substantially all (90% Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and if answered "Ye Dues, assessments and simple Section 162(e) nondeductibe expenses for which the set and Current year	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered of s." oilar amounts from members the lobbying and political expenditures (do not include amounts of politication 527(f) tax was paid).	the prior yea ion 501(c) d "No," Ol	2 3)(5), or R R (b) Pa	section art III-A, li	
501(c)(6). Were substantially all (90% Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and sime Section 162(e) nondeductibe expenses for which the set a Current year b Carryover from last year	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered s." hilar amounts from members le lobbying and political expenditures (do not include amounts of politication 527(f) tax was paid).	the prior yea ion 501(c) d "No," Ol	2 3 1(5), or 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	section art III-A, li	
Were substantially all (90%) Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and sime Section 162(e) nondeductibe expenses for which the set a Current year b Carryover from last year c Total	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered of s." oilar amounts from members the lobbying and political expenditures (do not include amounts of politication 527(f) tax was paid).	the prior yea ion 501(c) d "No," Ol	2 3 1(5), or 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	section art III-A, li	
Were substantially all (90% Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and sime Section 162(e) nondeductibe expenses for which the set a Current year b Carryover from last year c Total Aggregate amount reported	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered s." hilar amounts from members le lobbying and political expenditures (do not include amounts of politication 527(f) tax was paid).	the prior yea ion 501(c) d "No," Ol	2 3 1(5), or 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	section art III-A, li	
501(c)(6). Were substantially all (90% pid the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and simulation section 162(e) nondeductibe expenses for which the section 162(e) a Current year bounded to be carryover from last year control of the section 162(e) and the control of the carryover from last year control of the control of the control of the control of the carryover from last year control of the co	only in-house lobbying expenditures of \$2,000 or less? o carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered s." olitical expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures). in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	the prior yea ion 501(c) d "No," Ol tical	2 3 1(5), or 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	section art III-A, li	
501(c)(6). Were substantially all (90%) Did the organization make of Did the organization agree that III-B Complete if the 501(c)(6) and in answered "Ye Dues, assessments and simulated sevenses for which the series a Current year b Carryover from last year of Total Aggregate amount reported of In notices were sent and the	only in-house lobbying expenditures of \$2,000 or less? of carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect of either (a) BOTH Part III-A, lines 1 and 2, are answered s." initial amounts from members the lobbying and political expenditures (do not include amounts of politication 527(f) tax was paid). In section 6033(e)(1)(A) notices of nondeductible section 162(e) dues amount on line 2c exceeds the amount on line 3, what portion of the expenditures (do not include amount on the expenditures of the expenditures (do not include amount on the expenditures of nondeductible section 162(e) dues amount on line 2c exceeds the amount on line 3, what portion of the expenditures (do not include amount on the expenditures of nondeductible section 162(e) dues amount on line 2c exceeds the amount on line 3, what portion of the expenditures (do not include amount on the expenditures (do not include amounts of political	the prior yea ion 501(c) d "No," Ol tical	2 3 1(5), or 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	section art III-A, li	ine 3,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOGA ALLTANCE REGISTRY

Employer identification number 94 - 3079524

Pai	t I Organizations Maintaining Donor Advise		inds or Accounts Complete if the
. u	organization answered "Yes" on Form 990, Part IV, lin		inde of Accountation
	organization answered Tes Off Offi 990, Fart IV, iii	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Berief davised farias	(a) i ando and other deceants
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purp	
_			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 9	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic st	tructure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	 g of
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	servation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that descr	ibes the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue s	tatement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furt	herance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue state	ment and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance o	of public service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2017

Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Oth	er Simi	lar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following th	at are a s	ignifican	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d		Loan or exc	change progr	rams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	tion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	ner simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran								line 9, oı	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other a	ssets not	included	ł			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Pai											
		(a) Current year		rior year	(c) Two year	-		vears back	(e) Four	rvears	back
1a	Beginning of year balance	(,	(-)	,	1 7		(/	,	χ-,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C	·										
	. •										
	Administrative expenses End of year balance										
_	Provide the estimated percentage of the cur	ront voor and balans	l (line 1	a column (a)) hold ac:						
2				g, coluitii (a)) Helu as.						
	Board designated or quasi-endowment	%	_%								
	Permanent endowment	 i									
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho		-41 41				la a	! ! !			
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are neid a	and administ	erea for t	ne organ	ization	1	V	NI-
	by:								0-(1)	Yes	No
	(i) unrelated organizations										
	(ii) related organizations										
_	If "Yes" on line 3a(ii), are the related organiza				′				3b		
Bo:	Describe in Part XIII the intended uses of the		owment	tunas.							
Pai	t VI Land, Buildings, and Equipm				0 5 00		" 40				
	Complete if the organization answere					- 		.			
	Description of property	(a) Cost or o		` ,	t or other	1 ' '	ccumula		(d) Boo	k value	е
		basis (investr	nent)	basis	(other)	de	preciatio	1			
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										_
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colur	nn (B). line	10c.)			▶			0.

Schedule D (Form 990) 2017

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	-of-year market value
1) Financial derivatives				
Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		ne 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d. See Form 990,	Part X, line 15.	
	Description			(b) Book value
(1) LOAN RECEIVABLE FROM YOGA	ALLIANCE			6,797,81
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		>	6,797,81
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form	n 990, Part X, line 25.	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(6)				
(7)				
(7)				
(7) (8)	<i>25.)</i> ▶			
(7) (8) (9)		to the organization's fi	inancial statements ti	hat reports the

732053 10-09-17

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2017
Open to Public

Inspection

Name of the organization

YOGA ALLIANCE REGISTRY

Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

Part II Grants and Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is nee	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	1			>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

(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
SCHOLARSHIPS	30	66,000.	. 0.		
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	ie 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
YOGA TEACHER TRAINING SCHOLARSHIP	APPLICAN	TS SUBMIT	AN APPLICA	TION. ONCE	
SELECTED, A SCHOLARSHIP AGREEMENT	AND A ME	MORANDUM C	OF UNDERSTA	NDING ARE	
SIGNED TO INDICATE ACCEPTANCE OF '	THE TERMS	OF THE AW	VARD BY ALL	PARTIES	
(STUDENT AND REGISTERED YOGA SCHOOL	OL).				

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

YOGA ALLIANCE REGISTRY

Employer identification number 94-3079524

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х
c	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			х
c	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	J		

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

Schedule J (Form 990) 2017

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) BARBARA DOBBERTHIEN (i	0.	0.	0.		0.		0.
EXECUTIVE DIR. & COO (THROUGH 06/17)		0.	68,750.	2,031.	10,174.	164,225.	
(2) DAVID LIPSIUS (i	0.	0.	0.		0.		0.
PRESIDENT AND CEO (BEG. 05/17) (iii		0.	0.	2,769.	6,005.	192,542.	0.
(i							
(ii							
(i							
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Factin Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES. OFFICER COMPENSATION IS
DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF YAPLUS, A RELATED
ORGANIZATION. YAPLUS USES THE FOLLOWING METHODS TO ESTABLISH COMPENSATION
OF THE CEO:
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
- COMPENSATION COMMITTEE
- COMPENSATION SURVEY OR STUDY
PART I, LINE 4A:
BARBARA DOBBERTHIEN RECEIVED A SEVERANCE PAYMENT OF \$68,750 IN 2017.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

YOGA ALLIANCE REGISTRY

Employer identification number 94-3079524

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE BOARD RECEIVED A COPY OF THE FORM 990 BEFORE IT WAS FILED WITH THE IRS.

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

BOARD MEMBERS ARE ASKED TO ANNUALLY 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, PRESCRIBED FORM AND PERIODICALLY AS FACTS DICTATE, ANY SUCH CONFLICTS OF INTEREST AND ANY BUSINESS, FINANCIAL, AND ORGANIZATIONAL INTERESTS AND AFFILIATIONS THAT ARE OR COULD BE CONSTRUED TO BE A CONFLICT OF INTEREST. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES, THE BOARD CONSIDERS THE WITH THE BOARD MEMBER WITH THE POTENTIAL CONFLICT OF INTEREST MATTER, RECUSING HIMSELF/HERSELF FROM THE MATTER.

WHEN EMPLOYEES WISH TO SERVE ON BOARDS, COMMISSIONS, OR IN OTHER OUTSIDE ACTIVITIES THAT ARE IN THE PUBLIC INTEREST, THEY MUST FIRST CONFIRM WITH THE COO THAT THE VOLUNTARY SERVICE IS APPROPRIATE AND DOES NOT PRESENT A CONFLICT INTEREST WITH THEIR WORK FOR YOGA ALLIANCE REGISTRY. YOGA ALLIANCE REGISTRY REQUIRES EMPLOYEES TO REVIEW THE EMPLOYEE PERSONNEL HANDBOOK AT THE BEGINNING OF EMPLOYMENT AND EACH YEAR AFTER.

THE ORGANIZATION MAINTAINS A RECORD OF EMPLOYEES CONFIRMING THAT THEY HAVE RECEIVED AND REVIEWED THE HANDBOOK AT LEAST ANNUALLY. IF A CONFLICT OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization **Employer identification number** YOGA ALLIANCE REGISTRY 94-3079524 INTEREST ARISES, YOGA ALLIANCE REGISTRY INTERVIEWS THE EMPLOYEE IN QUESTION TO REVIEW THE POSSIBLE CONFLICT. IF IT WAS DETERMINED THAT THE EMPLOYEE HAD A GENUINE CONFLICT OF INTEREST, THEY WOULD BE ASKED TO CEASE THE ACTIVITY IMMEDIATELY IN ORDER TO CONTINUE WITH EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES. OFFICER COMPENSATION IS DETERMINED BY THE THE EXECUTIVE COMMITTEE OF THE BOARD OF YAPLUS, A RELATED ORGANIZATION. THE BOD REVIEWS THE PERFORMANCE OF THE OFFICERS AND DETERMINE 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 WITH REGARD TO 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 2017. FORM 990, PART VI, SECTION C, LINE 19: YOGA ALLIANCE REGISTRY PROVIDES DOCUMENTS UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 745,574. MANAGEMENT AND GENERAL EXPENSES 39,241. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 784,815.

TEMPORARY STAFFING FEES:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

94 - 3079524YOGA ALLIANCE REGISTRY Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No YAPLUS D/B/A YOGA ALLIANCE - 38-3849013 1560 WILSON BOULEVARD STE 700 SEE SCHEDULE R, PART VII YOGA ALLIANCE Х ARLINGTON, VA 22209 FOR FULL DESCRIPTION. VIRGINIA 501(C)(6) N/A REGISTRY

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total		Disproportionate allocations?		Code V-UBI Ge	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	d, unrelated, income from tax under				amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
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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 country)	(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	ent	tion b)(13) rolled tity?
		Country)						Yes	No
									_

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

	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			,		Yes	No			
	During the tax year, did the organization engage in any of the following transactions with one		•							
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х				
b	Gift, grant, or capital contribution to related organization(s)				1b		X			
С	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)									
	Sale of assets to related organization(s)				1g	Х				
	Purchase of assets from related organization(s)				1h		X			
	Exchange of assets with related organization(s)				1i		X			
	j Lease of facilities, equipment, or other assets to related organization(s)									
-										
k Lease of facilities, equipment, or other assets from related organization(s)										
	Performance of services or membership or fundraising solicitations for related organization(s)									
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х				
	Sharing of paid employees with related organization(s)				10	Х				
р	Reimbursement paid to related organization(s) for expenses				1p	Х				
	Reimbursement paid by related organization(s) for expenses				1g	Х				
•	1 , 0 (, 1									
r	Other transfer of cash or property to related organization(s)				1r		Х			
	Other transfer of cash or property from related organization(s)				1s		X			
	If the answer to any of the above is "Yes," see the instructions for information on who must co									
_		· I		·						
	(a) (b) Name of related organization Transa		(c) Amount involved	(d) Method of determining amount invo	olved					
	type ((a-s)	-	3						

(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	A	32,677.	ACTUAL AMOUNT
(2) YAPLUS D/B/A YOGA ALLIANCE	D	1,008,237.	LOAN AMOUNT
(3) YAPLUS D/B/A YOGA ALLIANCE	G	5,668,782.	SALE PRICE
(4) YAPLUS D/B/A YOGA ALLIANCE	0	1,561,456.	COST SHARE
(5) YAPLUS D/B/A YOGA ALLIANCE	P	6,446,988.	COST SHARE
(6)			

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

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

(a)	(b)	(c)	(d)	(e) Are al partners 501(c)(orgs.		(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	excluded from tax under	orgs.	(3) ?	total	end-of-year	alloca	ations?	of Schedule K-1	partn	ownersh
	country)	sections 512-514)	Yes N		income	assets	Yes	No	(Form 1065)	Yes I	10	
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					T							
					\dashv							
				\vdash	\dashv			-	\vdash		\vdash	
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732165 09-11-17 Schedule R (Form 990) 2017