17

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19

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Assets

Total expenses. Add lines 10 through 16

For Paperwork Reduction Act Notice, see the separate instructions

Excess or (deficit) for the year (subtract line 17 from line 9)

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 18 through 20

end-of-year figure reported on prior year's return)

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

915

Cat No 106421

17

18

19

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21

Form **990-EZ** (2019)

3652

2669

184

2853

?1

Pa	rt II	Balance Sheets (see the instructions	s for Part II)					
		Check if the organization used Schedu	le O to respond to a	ny question in this	Part II			
-					(A) Beginning of year	r	(B)	End of year
22	Cas	h, savings, and investments			18	34 22	2	2854
23		d and buildings	·	-		23	—	
24		er assets (describe in Schedule O)	•	-		24		
		al assets	•	-	1,5	34 25		2854
25			•	-		_		
26		al liabilities (describe in Schedule O)	(D)			26		2854
27		assets or fund balances (line 27 of column				34 27	<u> </u>	2034
a Pa	rt III	Statement of Program Service Acco	- ,			_		Evmanasa
		Check if the organization used Schedu				싀,		Expenses ed for section
Wha	at is the	organization's primary exempt purpose?	To promote yoga in s	chools in Pittsburgh b	ased schools			3) and 501(c)(4)
Des	cribe th	he organization's program service accomp	olishments for each o	f its three largest i	orogram services			atrons, optronal for
		ed by expenses In a clear and concise					thers))
pers	ons be	enefited, and other relevant information for	each program title	•				
28			<u> </u>					
		,,,====				- [
						-		
21	/Cross	to \$	nt includes foreign gra	ante chook horo	▶ □	-	8a	
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29	u					-		
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	(Gran	ts\$) If this amou	nt includes foreign gra	ants, check here	<u></u> . ▶ ⊔	2	9a	
30						_		
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		ф \ 1£ 4b	nt includes foreign ar	ants, check here	▶ □	- ₃₀	0a	
	(Gran	rts 35) IT UNIS AMOU						
91	(Gran							
31	Other	program services (describe in Schedule C))			3.	12	
	Other (Gran	program services (describe in Schedule C its \$) If this amou)) nt includes foreign gra		▶ □	_	1a	<u> </u>
32	Other (Gran Total	program services (describe in Schedule C ts \$) If this amou program service expenses (add lines 28	o) nt includes foreign gra a through 31a)	ants, check here	▶ □	3	32	one for Port IVA
32	Other (Gran	program services (describe in Schedule C ts \$) If this amou program service expenses (add lines 28 List of Officers, Directors, Trustees, and N	o) nt includes foreign gra a through 31a) (ey Employees (list eac	ants, check here	•	3	32	ons for Part IV)
32	Other (Gran Total	program services (describe in Schedule C ts \$) If this amou program service expenses (add lines 28	o) nt includes foreign gra a through 31a) (ey Employees (list eac	ants, check here h one even if not con ny question in this	Part IV	3 e insti	32	ons for Part IV)
32	Other (Gran Total	program services (describe in Schedule C ts \$) If this amou program service expenses (add lines 28 List of Officers, Directors, Trustees, and N Check if the organization used Schedu	nt includes foreign gra a through 31a) (ey Employees (list each ile O to respond to a (b) Average	ants, check here	Part IV (d) Health benefit	3 inst	truction	
32	Other (Gran Total	program services (describe in Schedule C ts \$) If this amou program service expenses (add lines 28 List of Officers, Directors, Trustees, and N	nt includes foreign gra a through 31a) (ey Employees (list each ile O to respond to a (b) Average hours per week	h one even if not conny question in this compensation (Forms W-2/1099-MISC	(d) Health benefit contributions to emp benefit plans, an	s, loyee	truction	
32 Pai	Other (Gran Total rt IV	program services (describe in Schedule C ts \$) If this amou program service expenses (add lines 28 List of Officers, Directors, Trustees, and M Check if the organization used Schedu	nt includes foreign gra a through 31a) (ey Employees (list each of the orespond to a lib) Average hours per week devoted to position	h one even if not con ny question in this (c) Reportable compensation	(d) Health benefit contributions to emp benefit plans, an	s, loyee	truction	stimated amount of
32 Pai	Other (Gran Total	program services (describe in Schedule C ts \$) If this amou program service expenses (add lines 28 List of Officers, Directors, Trustees, and M Check if the organization used Schedu	nt includes foreign gra a through 31a) (ey Employees (list each ile O to respond to a (b) Average hours per week	h one even if not conny question in this compensation (Forms W-2/1099-MISC	(d) Health benefit contributions to emp benefit plans, an	s, loyee	truction	stimated amount of
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			<u></u>	
	instructions for Part V / Check if the organization used Schedule O to respond to any question in this	s ran	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	<u> </u>	_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				?1
35a	change on Schedule O. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year from business.	34			
554	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		•	
c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1	71
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a				_
b	Did the organization file Form 1120-POL for this year?	37b			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	?:
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . 38b				
39	Section 501(c)(7) organizations Enter]			
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities		'		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		J	?:
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		•	
41	List the states with which a copy of this return is filed ▶				
42a	The diganization of books are in four of r	412-89		 -	
	Located at ► 6818 SIMONTON STREET, Pittsburgh PA ZIP + 4 ►	152			
ь	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)?	42b	Yes	No	
	If "Yes," enter the name of the foreign country ▶	720			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		/	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		ı	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year . ▶ 43		V	Al-	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	_	./	•
c	Did the organization receive any payments for indoor tanning services during the year?	44c			
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		_		•
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		- V	
45a b	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," Form 990 and Schedule R may need to be completed instead of	458			•
	Form 990-EZ See instructions	45b		/	

Form 99	0-EZ (20	019)					Ρ	age 4	
46		ne organization engage, directly or in			behalf of or in opposi	tion	Yes	No	
		ndidates for public office? If "Yes," of		, Part I		46		1	3
Part '		Section 501(c)(3) Organizations							
		All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and complete th	e tables f	or line	es	
		50 and 51			D - 1.4				
		Check if the organization used Sch	nedule O to respond	I to any question in t	nis Part VI			كير	-
4-	6						Yes	No	
47		he organization engage in lobbying Pif "Yes," complete Schedule C, Par		section 501(n) electio	n in effect during the	47	i	,	Z
48	Is the	organization a school as described in	section 17 0(b)(1)(A)(i	i)? If "Yes," complete s	Schedule E	48		~	
49a	Did th	he organization make any transfers to	o <mark>an exempt non-ch</mark> a	ırıtable related organiz	ation?	49a		V	
b		es," was the related organization a se				49b		~	_
50		plete this table for the organization's							,
	emple	oyees) who each received more than	\$100,000 of compe	nsation from the organ	nization If there is nor	ie, enter "N	one "		
_			(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimate	d amoi	unt of	
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred				
				(Citib W E 1000 Mico)	compensation				
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		number of other employees paid ov				h		. 46	
51		plete this table for the organization' ,000 of compensation from the orga			contractors who eac	a received	more	rmar	i
		· 		T					-
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	nce (d) Compensati	on		
			 _	 	·				-
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	<i>.</i>			†	İ				
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		, 	7	1					
d	Total	number of other independent contra	actors each receiving	over \$100,000	>				-
52		the organization complete Schedu	•		nizations must attac	h a			•
		pleted Schedule A			•	► Yes		No	
Under p	enalties	of penury, I declare that I have examined this	return, including accompar	rying schedules and stateme	ents, and to the best of my i	nowledge and	l belref,	ıtıs	-
true, cor	mect, an	nd complete Declaration of preparer (other than	officer) is based on all info	ormation of which preparer I	nas any knowledge				
		1 Voanne Spence							_
Sign	1	Signature of officer			Date				
Here	22	Moanne Spence			<u> </u>	עע			_
		Type or print name and title							_
Paid		Print/Type preparer's name	Preparer's signature	Da Da	~ . / . / . I heck i	r PTIN			-
Prep	arer		Wichele	- Jacker	7 14 20 self-empl				
Use		Firm's name ▶		0 1)	Firm's EIN ▶				-
		Firm's address ▶			Phone no				
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions	·	► ☐ Yes		No	_
						Form 99	0-EZ	(2019	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public— Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

vya	m st	inouis					27-013	
Pai	rt I	Reason for Public Char	ity Status (All	organizations must	complet	e this pa	art) See instructio	ns.
he (organ	iization is not a private founda	tion because it i	s (For lines 1 through	12, check	k <mark>onl</mark> y on	ne box)	_
1		A church, convention of church	nes, or associati	on of churches descri	bed in se e	ction 170	0(b)(1)(A)(i). 💍 ¯	7
2		A school described in section	170(b)(1) (A) (ii).	(Attach Schedule E (F	orm 990 c	r 990-EZ	z)) J	
3		A hospital or a cooperative hos						
4		A medical research organization nospital's name, city, and state		onjunction with a hosp	oital descr	ibed in s	ection 170(b)(1)(A)(ui). Enter the
5		An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned or	operate	d by a government	al unit described in
6 7	\mathbb{Z}^{p}	A federal, state, or local govern An organization that normally i described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public
8		A community trust described in	n section 170(b)	(1)(A)(vi) (Complete I	Pantll)			
9	•	An agricultural research organi or university or a non-land-grai university						
10	ŗ	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt ful income and uni	nctions—subject to co related business taxal	ertain exc ble incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 331/3% of its
11		An organization organized and	operated exclusi	sively to test for public	safety S	ee secti	on 509(a)(4).	
12		An organization organized and	operated exclus	lively for the benefit of	f, to parfo	m the fo	arctions of, or to sur	, od to pupolic
		of one or more publicly suppo Check the box in lines 12a thro						
а	. [Type I A supporting organ	ization operated	, supervised, or contr	olled by it	s suppoi	rted organization(s),	typically by giving
		Supporting a gar ization. Ye				، آن ر.	. o di ulti o or truct	occ of the
b) [Type II A supporting organization or management of the organization of the organizatio						
c	. [Type III functionally integing its supported organization(s						", m gentre 1 to,
d	ı ſ	Type III non-functionally i		-		-		المرام المعلم المناه المارة)
	_	reductive of the or					1	บากครูรู
a	, ,	Check this box if the organ						ıll Type III
Ī	_	functionally intograted, or T	ype III non-fund	tionally integrated sur	oporting o	rganızatı	atitis a Type i, Type ion	s II, Type III
f	En	ter the number of supported o		, ,	, ,	•		
g	Pr	ovide the following information	about the supp	orted organization(s)				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the or listed in your docum	governing:	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	_	·			Yes	No		<u> </u>
A)							}	
В)								
C)								
D)								
E)								
								

For Paperwork Reduction Act Notice, see the Instructions for For 920 . 920-EZ

Cat No 11285^E

Support Schedule for Organizations Described in Sections 170(Ե)(Հիյեսիսի բան Հրարդարիայի (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 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016(d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 6575 6703 4350 17628 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 6575 6703 4350 0 17628 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) Public support. Subtract line 5 from line 4 17628 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 6575 6703 4350 0 17628 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 17628 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) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 14 100 % 15 331/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test -2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances took 2005. If the organization did not observe how on live 12, 165, or 165, and live 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop from: Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported to the state of th 15 is 10% or more, and if the organization mosts 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 Private foundation. If the organization the most check a box on the 13, 100, 170, 170, of soit and box and soc

T GI C						al a.a	
•	(Complete only if you checked the						nder Part Jr.
	If the organization fails to qualify	under the te	ests listed bei	ow, please co	omplete Part	II.)	
	on A. Public Support						
Calen	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	}	1			1	
	received. (Do not include any "unusual grants.")						Y
2	Gross receipts from admissions, merchandise		- "				
	sold or services performed, or facilities		ļ				
	furnished in any activity that is related to the		,				
2	organization's tax-exempt purpose	 	 	-		 	
3	Gross receipts from activities that are not an	ł		-		/	1
	unrelated trade or business under section 513						<u> </u>
4	Tax revenues levied for the						
	organization's benefit and either paid to		Į.	ĺ			
	or expended on its behalf		Ì		/	ď	
5	The value of services or facilities	-			/		
•	furnished by a governmental unit to the	1	}				1
	• •						<u> </u>
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3				/		
	received from disqualified persons .		1		/	i	
b	Amounts included on lines 2 and 3				7		
-	received from other than disqualified	ł		/	ì		
	persons that exceed the greater of \$5,000			/	ì		
	or 1% of the amount on line 13 for the year			/			İ
	·						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		Ì				
	line 6.)			/		İ	
Secti	on B. Total Support		*	7	<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015 /	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(-,	(-) /	(0, 20.0	(4) 2011	(6) 2010	(1) 10101
10a	Gross income from interest, dividends,	·				-	
IVa							
	payments received on securities loans, rents,		1 /		ŧ		
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less		/				
	section 511 taxes) from businesses	1	/				
	acquired after June 30, 1975		V	Į			
С	Add lines 10a and 10b				· · · · ·		
11	Net income from unrelated business			i		<u> </u>	
• •	activities not included in line 10b, whether	/	}			l .	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets				,		
	(Explain in Part VI.)	/		1			
13	Total support. (Add lines 9, 10c, 11,	7			<u> </u>		
	and 12.)					}	
14	First five years. If the Form 990 is for the	a organization	's first secon	d third fourth	or fifth tox w		501/a)(2)
• •	organization, check this box and stop he				-		
0 - 1:	/			• • • • •	• • • • •	<u> </u>	· · •
	on C. Computation of Public Suppor	<u>_</u>					
15	Public support percentage for 2018 (line 8					15	%
16	Public support percentage from 2017 Sch	nedule A, Part	III, line 15			16	
Secti	on D. Computation of Investment in	come Fesce	india:			· · · · · · · · · · · · · · · · · · ·	
-4.9		Para 40a materia	10	ortina 13 calu	mn (fl)	17	%
18	Investment income percentage from 2017						
						18	<u>%</u>
193	331:3% support lesis—6018, if the organi	regron and not	CLIFICK THE DOX	COLUME 14, at	nu iine 15 is M	iore than 331/39	‰, and line
	17 is not move than 33/40%, check this box						
b	. White support for for first is a list organiz						
	line 18 is not more/than 331/3%, check this i	oox and stop it	සෑද. The රැලකුම්	โดงไวก ดุสสภิเธอ	as a publicity s	upported organ	izalici 🕨 📋
20							_

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.)

0001	on A. All Supporting Organizations		Voc	No
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			
2	class or purpose, describe the designation. If historic and continuing relationship, explain. 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	1		
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		<u> </u>	
	(b) and (c) below.	3a		ļ
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.	3b		
С	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.	3c	_	
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.	4a		
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.	4b		
С	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)	40		
	purposes.	4c		
5а	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).	5a	L	
b	Type I only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<u> </u>		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
Ū	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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	9a		_
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	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.	9c		
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.	10a		
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.)

10b

Schedule	Δ	(Form	gan a	٥r	ggn.	F7	201	A
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Page	•

Part	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		<u> </u>
	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> </u>
Section	on 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,	ŀ		
	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	1		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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			
	the supported organization(s).	1		<u> </u>
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-'-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	sj.
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ın:		
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,	1		
	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.			Ĩ
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			لــــا
	of its supported organizations? If "Ves" describe in Part VI the role played by the organization in this regard	3h		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1.			
instructions. All other Type III non-functionally integrated supporting organ	nızat	ions must complete Section	,
Section 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	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):	L.,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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		
Section 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		1
7 Check here if the current year is the organization's first as a non-functional	v int	tegrated Type III supporting	a organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continuea)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whice (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
<u>b</u>	From 2014			
С	From 2015			
d	From 2016			
	From 2017			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
<u> </u>	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (F	orm 990 or 990-EZ) 2018 Page (
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Port 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.)
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	<del>,</del>

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Yoga ın Schools		27-013005	
Form 990 EZ Part 1, Line 16, Other Expenses			
Description of Other Expenses	, Amount		
Professional Development	2802		
Telecommunications	604		
Supplies	107		
Bank Fees	19		
Accounting Fees	120		
Total to Form 990EZ Line 16	3652		
Gross receipts of Yogo in Schools for fiscal ye	ear end 12/31/19 are less than \$200,000 Form 990EZ was filed in	stead of Form 990	
Form 990EZ, Part III, Primary Exempt Purpose- To promote yoga in schools (education) Pittsburgh based area schools			
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	Employer identification number