Kraft & Company, PLLC 114 29th Avenue South Nashville, TN 37212



Small World Yoga, Inc. 5000 Georgia Avenue Nashville, TN 37209

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May 9, 2022

Small World Yoga, Inc. 5000 Georgia Avenue Nashville, TN 37209

Dear Teresa:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

## FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 16, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Kraft & Company, PLLC

### \_ 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

| OMB | No. | 1545-0047 |  |
|-----|-----|-----------|--|
|     |     |           |  |

For calendar year 2021, or fiscal year beginning

, 2021, and ending

2021

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Small World Yoga, Inc.

EIN or SSN 46-5278254

Name and title of officer or person subject to tax Teresa Standard

PRESIDENT

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| 1a        | Form 990 check here > X                        | b Total revenue, if any (Form 990, Part VIII, column (A), line 12)             | <u>ы 552,940.</u>         |
|-----------|--|--|---------------------------|
| 2a        | Form 990-EZ check here >                       | b Total revenue, if any (Form 990-EZ, line 9)                                  | 2b                        |
| 3a        | Form 1120-POL check here ▶                     | b Total tax (Form 1120-POL, line 22)   | 3b                        |
| 4a        | Form 990-PF check here >                       | b Tax based on investment income (Form 990-PF, Part V, line 5)                 | 4b                        |
| 5a        | Form 8868 check here                           | b Balance due (Form 8868, line 3c)   | . 5b                      |
| 6a        | Form 990-T check here >                        | b Total tax (Form 990-T, Part III, line 4)                                     | . 6b                      |
| 7a        | Form 4720 check here                           | b Total tax (Form 4720, Part III, line 1)                                      | . 7b                      |
| 8a        | Form 5227 check here                           | b FMV of assets at end of tax year (Form 5227, Item D)                         | 8b                        |
| 9a        | Form 5330 check here                           | b Tax due (Form 5330, Part II, line 19)  | 9b                        |
| 10a       | Form 8038-CP check here                        | b Amount of credit payment requested (Form 8038-CP, Part III, line 22)         | 10b                       |
| Part      | II Declaration and Signat                      | ure Authorization of Officer or Person Subject to Tax                          |                           |
| Jnder p   | penalties of perjury, I declare that $oxed{X}$ | I am an officer of the above entity or I am a person subject to tax with re    | spect to (name            |
| of entity | <i></i>  | , (EIN) and that I have  | ve examined a copy of the |
| 2021 el   | ectronic return and accompanying sch           | edules and statements, and, to the best of my knowledge and belief, they are t | rue, correct, and         |

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| I: check one box only |               |                        |
|-----------------------|---------------|------------------------|
| I authorize           |               | to enter my PIN        |
|                       | ERO firm name | Enter five numbers, bu |

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62217937212

Do not enter all zeros

Date -

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2021)

ERO's signature

PIN

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

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

and ending

Open to Public

Inspection

| B Check if applicable:   |                       | C Name of organization  | D Employer identification number |                                 |                             |  |
|--|-----------------------|---|----------------------------------|---------------------------------|-----------------------------|--|
|  | Addres                | Small World Yoga Inc  | Small World Yoga, Inc.           |                                 |                             |  |
| H  | Name change           | Doing business as   |                                  | 46-52782                        | 5.4                         |  |
| F  | Initial return        |   | Room/suite                       | E Telephone number              |                             |  |
| F  | Final                 | 5000 Georgia Avenue   | toom, outto                      | 615-752-9                       |                             |  |
|  | ☐return/ termin- ated | City or town, state or province, country, and ZIP or foreign postal code  |                                  | G Gross receipts \$             | 552,940.                    |  |
|  | Amend                 |   |                                  | H(a) Is this a group re         |                             |  |
|  | Applica               |   |                                  | for subordinates                |                             |  |
|  | pending               | same as C above   |                                  | H(b) Are all subordinates in    |                             |  |
| 1 7  | Гах-ехе               | mpt status: X 501(c)(3)   | 527                              | 1 ' '                           | list. See instructions      |  |
|  |                       | e: ► N/A  |                                  | H(c) Group exemption            | n number 🕨                  |  |
| KF   | orm of                | organization: X Corporation Trust Association Other   | <b>L</b> Year                    | of formation: 2014 N            | State of legal domicile: TN |  |
| Pa   | _                     | Summary   |                                  |                                 |                             |  |
| an an  | 1 6                   | Briefly describe the organization's mission or most significant activities: Small   |                                  |                                 |                             |  |
| Governance   | 3                     | accessible to more people so they can shar  | e in                             | its mental,                     | physical,                   |  |
| rna  | 2 (                   | Check this box 🕨 🔛 if the organization discontinued its operations or dispose   |                                  |                                 | ets.                        |  |
| ŏ.   | 1 8                   |   |                                  | 3                               | 4                           |  |
|  |                       | Number of independent voting members of the governing body (Part VI, line 1b)   |                                  |                                 | 4                           |  |
| es   | 5                     | otal number of individuals employed in calendar year 2021 (Part V, line 2a)   |                                  |                                 | 1                           |  |
| Activities &   | 6                     | otal number of volunteers (estimate if necessary)   |                                  |                                 | 0                           |  |
| Act  | 7 a 7                 | otal unrelated business revenue from Part VIII, column (C), line 12   |                                  |                                 | 0.                          |  |
|  | bi                    | Net unrelated business taxable income from Form 990-T, Part I, line 11  | T                                |                                 |                             |  |
|  | , ,                   | Seatistic diagraph of the Alexander (Deut VIIII line 4 le)  | _                                | Prior Year 0.                   | Current Year 212, 101.      |  |
| ne   | 8 (                   | Contributions and grants (Part VIII, line 1h)   |                                  | 369,383.                        | 340,839.                    |  |
| Revenue  | 9 1                   | Program service revenue (Part VIII, line 2g)  |                                  | 13.                             | 0.                          |  |
| Be   | 10                    | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  |                                  | 0.                              | 0.                          |  |
|  | 1                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                  | 369,396.                        | 552,940.                    |  |
|  |                       | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                                  | 0.                              | 0.                          |  |
|  | 1                     |   |                                  | 0.                              | 0.                          |  |
|  | 45 (                  | Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                                  | 63,155.                         | 63,172.                     |  |
| Expenses   | 16a F                 | Professional fundraising fees (Part IX, column (A), line 11e)   |                                  | 0.                              | 0.                          |  |
| ben  | h -                   |   | 0.                               |                                 | Ţ.                          |  |
| Ä  | 17 (                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                                  | 264,308.                        | 297,675.                    |  |
|  |                       | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                                  | 327,463.                        | 360,847.                    |  |
|  |                       | Revenue less expenses. Subtract line 18 from line 12  |                                  | 41,933.                         | 192,093.                    |  |
| or<br>Sec  | 3                     |   |                                  | ginning of Current Year         | End of Year                 |  |
| Net Assets   | 20                    | otal assets (Part X, line 16)   |                                  | 151,541.                        | 361,946.                    |  |
| ASS  | 21                    | otal liabilities (Part X, line 26)  |                                  | 0.                              | 18,312.                     |  |
|  |                       | let assets or fund balances. Subtract line 21 from line 20  |                                  | 151,541.                        | 343,634.                    |  |
| Pa   | art II                | Signature Block   |                                  |                                 |                             |  |
|  |                       | ties of perjury, I declare that I have examined this return, including accompanying schedules a   |                                  |                                 | knowledge and belief, it is |  |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |                       |   |                                  |                                 |                             |  |
|  |                       | Signature of officer  |                                  | <br>Date                        |                             |  |
| Sig  |                       | ,   |                                  | Date                            |                             |  |
| Her  | e                     | TERESA STANDARD, PRESIDENT Type or print name and title   |                                  |                                 |                             |  |
|  |                       |   | Ιr                               | Date Check                      | X PTIN                      |  |
| Daid   |                       | Print/Type preparer's name  Preparer's signature  Doig  Doy  Bray  Date  Date | gitally signed                   | u DV JOV DIAV I if —            |                             |  |
| Paid   |                       |   | re: 2022.0\$.(                   | 09 14:26:35 -05'00 self-employe | P00951455<br>62-1002003     |  |
|  | · -                   | Firm's name ► Kraft & Company, PLLC  Firm's address ► 114 29th Avenue South   |                                  | Firm's EIN ▶                    | 07 - 1007000                |  |
| Use Only   Firm's address   114 29th Avenue South   Nashville, TN 37212   Phone no. (615)  |                       |   |                                  |                                 |                             |  |
| Mar  | , the ID              | S discuss this return with the preparer shown above? See instructions   |                                  | Filolie IIO. ( O .              | X Yes No                    |  |
| ıvıa)  | י הו <del>כ</del> ות  | o discuss this return with the preparet shown above? See instructions   |                                  |                                 | 169 190                     |  |

|    | Check if Schedule O contains a response or note to any line in this Part III   |  |
|----|--|--|
| 1  | Briefly describe the organization's mission:   |  |
|    | Small World Yoga Inc. makes yoga accessible to more people so they can   |  |
|    | share in its mental, physical, and emotional health benefits.  |  |
|    |  |  |
|    |  |  |
| 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?                                 | _ No   |
|    | If "Yes," describe these changes on Schedule O.  |  |
| 4  | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.         |  |
|    | 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 \$   | <u>6 •</u> )                                 |
|    | Studio   |  |
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| 4b | (Code:) (Expenses \$   | 9 <b>.</b> )                                 |
|    | OUTREACH   |  |
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| 4- | (Code:) (Expenses \$ 52,992 •  | <u>/                                    </u> |
| 4c | (Code:) (Expenses \$   | <del>=•</del> )                              |
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| 4d | Other program services (Describe on Schedule O.)   |  |
|    | (Expenses \$ including grants of \$ ) (Revenue \$ )  |  |
| 4e | Total program service expenses ► 360,847.  |  |

# Form 990 (2021) Small World Yoga, Inc. 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          | <u> </u> |                  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions   | 2          | X        |                  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |            |          | l                |
|     | public office? If "Yes," complete Schedule C, Part I  | 3          |          | X                |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |            |          | l                |
|     | during the tax year? If "Yes," complete Schedule C, Part II   | 4          |          | X                |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  |            |          | l                |
|     | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5          |          | X                |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   |            |          |                  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |          | X                |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   |            |          |                  |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7          |          | X                |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |            |          | l                |
|     | Schedule D, Part III  | 8          |          | X                |
| 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?   |            |          | l                |
|     | If "Yes," complete Schedule D, Part IV  | 9          |          | X                |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  |            |          | l                |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10         |          | X                |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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        |          | 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  |            |          | ٠,,              |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        |          | X                |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |            |          | 1 37             |
| _   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |          | X                |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in   |            |          | ,,               |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d        | 37       | X                |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e        | _X_      |                  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |            |          | \ <b></b>        |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f        |          | X                |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |            |          | 3,7              |
|     | Schedule D, Parts XI and XII  | 12a        |          | X                |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?   |            |          | \ <del></del>    |
| 40  | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |          | X                |
| 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  | 4.46       |          | x                |
| 15  | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        |          | <u> </u>         |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any   | 45         |          | x                |
| 16  | foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                            | 15         |          | <u> </u>         |
| 16  |   | 16         |          | x                |
| 17  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16         |          | <u> </u>         |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 17         |          | x                |
| 10  | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17         |          | <u> </u>         |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | 40         |          | x                |
| 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,"  | 40         |          | x                |
| 20- | complete Schedule G, Part III   | 19         |          | X                |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a<br>20b |          | <del>  ^</del> ` |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200        |          |                  |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   | 04         |          | X                |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II   | 21         | 000      |                  |

| 1 01111 330 ( |    |                       |          |             |
|---------------|----|-----------------------|----------|-------------|
| Part IV       | Ch | ecklist of Required S | chedules | (continued) |
|               |    |                       |          |             |
|               |    |                       |          |             |
|               |    |                       |          |             |

|             |  |     | Yes | No          |
|-------------|--|-----|-----|-------------|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     |     |             |
|             | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | X           |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current  |     |     |             |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |     |     | ۱           |
|             | Schedule J   | 23  |     | X           |
| 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   |     |     | 37          |
|             | Schedule K. If "No," go to line 25a  | 24a |     | X           |
|             | 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   | 04- |     |             |
|             | 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 |     |             |
| <b>2</b> 5a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 25a |     | X           |
| h           | transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a |     | -25         |
| b           | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |     |     |             |
|             | Octobrillo I Porti   | 25b |     | x           |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  | 200 |     |             |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |     |     |             |
|             | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |     | х           |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |     |     |             |
|             | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |     |     |             |
|             | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |     | Х           |
| 28          | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   |     |     |             |
|             | instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |             |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   |     |     |             |
|             | "Yes," complete Schedule L, Part IV  | 28a |     | X           |
| b           | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | X           |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |     |     |             |
|             | "Yes," complete Schedule L, Part IV  | 28c |     | X           |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | X           |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     |             |
|             | contributions? If "Yes," complete Schedule M   | 30  |     | X           |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | X           |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |     |     | 37          |
|             | Schedule N, Part II  | 32  |     | X           |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |     |     | X           |
| 04          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33  |     |             |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | 34  |     | x           |
| 25.0        | Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | X           |
|             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                     | JJa |     | <del></del> |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     |             |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 000 |     |             |
| -           | 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 on Schedule O for Part VI, lines 11b and 19?   |     |     |             |
|             | Note: All Form 990 filers are required to complete Schedule O  | 38  | Х   |             |
| Pai         |  |     |     |             |
|             | Check if Schedule O contains a response or note to any line in this Part V   |     |     | $\square$   |
|             |  |     | Yes | No          |
| _           | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 34  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable  |     |     |             |
| b           | Enter the harmon of Fermi W Ze included of time 1a. Enter of inflot applicable   |     |     |             |
| С           | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 4-  | Х   |             |
|             | (gambling) winnings to prize winners?  | 1c  | 000 |             |

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с **d** If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders ...... Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 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 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? 13a 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 Х Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Small World Yoga, Inc. 46-5278254 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 ...... Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶TN

| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available |
|----|--|
|    | for public inspection. Indicate how you made these available. Check all that apply.  |
|    |  |

|  | Own website | Another's website | X Upon request |  | Other (explain on Schedule O) |
|--|-------------|-------------------|----------------|--|-------------------------------|
|--|-------------|-------------------|----------------|--|-------------------------------|

| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financial |
|----|---|-----------|
|    | statements available to the public during the tax year.   |           |

|    | 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 | <b></b> |
|    | KRAFT & COMPANY, PLLC - 6152440278   |         |

114 29TH AVE. SOUTH, NASHVILLE, TN 37212

### Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

| X Check this box if neither the organization n | or any related    | orga                           | niza                  | tion        | con                   | nper                         | sate   | ed any current officer, di | rector, or trustee.        |                    |
|--|-------------------|--------------------------------|-----------------------|-------------|-----------------------|------------------------------|--------|----------------------------|----------------------------|--------------------|
| (A)  | (B)               |                                | (C)                   |             |                       |                              |        | (D)                        | (E)                        | (F)                |
| Name and title                                 | Average           | (do                            | not c                 | Pos<br>heck | i <b>tion</b><br>more | l<br>than (                  | one    | Reportable                 | Reportable                 | Estimated          |
|  | hours per         | box                            | , unle                | ss per      | son i                 | s both                       | n an   | compensation               | compensation               | amount of          |
|  | week<br>(list any |                                |                       |             |                       | 1                            | 100,   | from<br>the                | from related organizations | other compensation |
|  | hours for         | direct                         |                       |             |                       | -                            |        | organization               | (W-2/1099-MISC/            | from the           |
|  | related           | 9e 0 r                         | stee                  |             |                       | nsate                        |        | (W-2/1099-MISC/            | 1099-NEC)                  | organization       |
|  | organizations     | Individual trustee or director | Institutional trustee |             | oyee                  | Highest compensated employee |        | 1099-NEC)                  | ,                          | and related        |
|  | below             | /idual                         | tutior                | er          | Key employee          | est co                       | Jer    |                            |                            | organizations      |
|  | line)             | Indi                           | Insti                 | Officer     | Key                   | High                         | Former |                            |                            |                    |
| (1) TERESA STANDARD                            | 10.00             |                                |                       |             |                       |                              |        |                            |                            |                    |
| PRESIDENT                                      |                   |                                |                       | Х           |                       | 4                            |        | 0.                         | 0.                         | 0.                 |
| (2) MEGAN STAGGS                               | 10.00             |                                |                       |             |                       |                              |        |                            |                            |                    |
| TREASURER                                      |                   |                                |                       | Х           |                       |                              |        | 0.                         | 0.                         | 0.                 |
| (3) ALEX FISHER                                | 10.00             |                                |                       |             |                       |                              |        |                            |                            |                    |
| VICE-PRESIDENT                                 |                   |                                |                       | X           |                       |                              |        | 0.                         | 0.                         | 0.                 |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
| -  |                   |                                | 7                     |             |                       |                              |        |                            |                            |                    |
|  |                   | 4                              |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |
|  |                   |                                |                       |             |                       |                              |        |                            |                            |                    |

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| Par | Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|-----|---|------------------------|--------------------------------|--------------------------------------|---------|--------------|---------------------------------|--------|--------------------------------|---------------------------------------|-------|------------|--------------------|----------|
|     | (A)   | (B)                    | (C)                            |                                      |         |              |                                 | (D)    | (E)                            |                                       |       | (F)        |                    |          |
|     | Name and title  | Average                |                                | Position (do not check more than one |         | Reportable   | Reportable                      |        |                                | stimate                               |       |            |                    |          |
|     |   | hours per<br>week      |                                | , unles<br>cer an                    |         |              |                                 |        | compensation<br>from           | compensation from related             |       | ar         | nount<br>other     | of       |
|     |   | (list any              | tor                            |                                      |         |              |                                 |        | the                            | organizations                         |       |            |                    | tion     |
|     |   | hours for              | r direc                        |                                      |         |              | ted                             |        | organization                   | (W-2/1099-MIS                         | C/    |            | om th              |          |
|     |   | related organizations  | stee                           | truste                               |         | a)           | pensa                           |        | (W-2/1099-MISC/                | 1099-NEC)                             |       | _          | anizat             |          |
|     |   | below                  | Individual trustee or director | Institutional trustee                |         | ploye        | st com                          | _      | 1099-NEC)                      |                                       |       |            | d relat<br>anizati |          |
|     |   | line)                  | Indivic                        | Institu                              | Officer | key employee | Highest compensated<br>employee | Former |                                |                                       |       | orgi       | ai iizati          | 5110     |
|     |   |                        |                                |                                      |         | _            |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              | 4                               |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
| 1b  | Subtotal  |                        |                                |                                      |         |              |                                 |        | 0.                             |                                       | 0.    |            |                    | 0.       |
|     | Total from continuation sheets to Part VI   |                        |                                |                                      |         |              |                                 |        | 0.                             |                                       | 0.    |            |                    | 0.       |
| a   | Total (add lines 1b and 1c)  Total number of individuals (including but n   |                        |                                | _                                    |         |              | b                               | • ro   |                                | 000 of roportable                     |       |            |                    | <u> </u> |
| 2   | compensation from the organization  | ot illflited to th     | ose                            | liste                                | u au    | ove          | ) WII                           | o ie   | ceived more than \$100,        | ooo or reportable                     |       |            |                    | 0        |
|     | componential nom the organization   |                        | $\neg$                         |                                      |         | 7            |                                 |        |                                |                                       |       |            | Yes                | No       |
| 3   | Did the organization list any former officer,   | director, trust        | ee, ŀ                          | cey e                                | mpl     | oye          | e, or                           | hig    | hest compensated emp           | oyee on                               |       |            |                    |          |
|     | line 1a? If "Yes," complete Schedule J for s  | uch in <b>dividual</b> |                                |                                      |         |              |                                 |        |                                |                                       |       | 3          |                    | Х        |
| 4   | For any individual listed on line 1a, is the su   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     | and related organizations greater than \$150  |                        |                                |                                      |         |              |                                 |        |                                |                                       |       | 4          |                    | Х        |
| 5   | Did any person listed on line 1a receive or a   |                        | w .                            |                                      |         |              |                                 |        |                                |                                       | l     | _          |                    | Х        |
| Sec | rendered to the organization? If "Yes," combined to the organization of the contractors                           | plete Schedule         | ∋ <i>J f</i>                   | or su                                | ich r   | oers         | on .                            |        |                                | <u></u>                               |       | 5          |                    |          |
| 1   | Complete this table for your five highest con   | mpensated inc          | lepe                           | nder                                 | nt cc   | ontra        | acto                            | rs th  | nat received more than \$      | 100.000 of comp                       | ensat | ion fro    | om                 |          |
|     | the organization. Report compensation for   |                        | -                              |                                      |         |              |                                 |        |                                | · · · · · · · · · · · · · · · · · · · |       |            |                    |          |
|     | (A)<br>Name and business  | address                | N                              | ONE                                  | C       |              |                                 |        | <b>(B)</b><br>Description of s | ervices                               | С     | (C<br>ompe | C)<br>nsatio       | n        |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
|     |   |                        |                                |                                      |         |              |                                 |        |                                |                                       |       |            |                    |          |
| 2   | Total number of independent contractors (ii \$100,000 of compensation from the organization)                      |                        | ot lir                         | nited                                | to 1    | thos         | _                               | ted    | above) who received mo         | ore than                              |       |            |                    |          |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns ..... 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 212,101. 1f g Noncash contributions included in lines 1a-1f 212,101. h Total. Add lines 1a-1f **Business Code** 217,066. 217,066 2 a STUDIO 812900 Program Service b COMMUNITY OUTREACH 812900 68,749. 68,749. 812900 55,024. 55,024. c TEACHER TRAINING d f All other program service revenue ..... 340,839. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... 10b c Net income or (loss) from sales of inventory **Business Code** 11 a **d** All other revenue e Total. Add lines 11a-11d

552,940.

340,839.

Total revenue. See instructions

### 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). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 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 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 57,500. 57,500. 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) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 5,672. 5,672. 10 Payroll taxes Fees for services (nonemployees): 2,600. 2,600. Management  $1,\overline{905}$ 1,905. Legal 5,545. 5,545. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 413 413. Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 11,750. 11,750. 16 Occupancy 2,334. 2,334. 17 ..... Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization 22 2,185. 2,185. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 238,546. 238,546. INDEPENDENT CONTRACTORS OFFICE SUPPLIES 3,798. 3,798. 3,469.3,469. MINDBODY FEES  $3,\overline{430}$ 3,430. d JOB SUPPLIES 21,700.21.700. e All other expenses 360,847. 360,847. 0. 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.

if following SOP 98-2 (ASC 958-720)

# Form 990 (2021) Part X Balance Sheet

| Га                          | IL A | Balance Sneet                                      |            |                       |                     |     |             |
|-----------------------------|------|--|------------|-----------------------|---------------------|-----|-------------|
|                             |      | Check if Schedule O contains a response or r       | note to a  | y line in this Part X | (A)                 |     | (B)         |
|                             |      |  |            |                       | Beginning of year   |     | End of year |
|                             | 1    | Cash - non-interest-bearing                        |            |                       | 151,541.            | 1   | 361,946.    |
|                             | 2    | Savings and temporary cash investments             |            |                       |                     | 2   |             |
|                             | 3    | Pledges and grants receivable, net                 |            |                       |                     | 3   |             |
|                             | 4    | Accounts receivable, net                           |            |                       |                     | 4   |             |
|                             | 5    | Loans and other receivables from any current       |            |                       |                     |     |             |
|                             |      | trustee, key employee, creator or founder, sul     | ostantial  | contributor, or 35%   |                     |     |             |
|                             |      | controlled entity or family member of any of the   | nese per   | ons                   |                     | 5   |             |
|                             | 6    | Loans and other receivables from other disqu       | alified pe | rsons (as defined     |                     |     |             |
|                             |      | under section 4958(f)(1)), and persons describ     |            | 6                     |                     |     |             |
| 9                           | 7    | Notes and loans receivable, net                    |            |                       |                     | 7   |             |
| Assets                      | 8    | Inventories for sale or use                        |            |                       |                     | 8   | Ť           |
| ĕ                           | 9    | Prepaid expenses and deferred charges              |            |                       |                     | 9   |             |
|                             | 10a  | Land, buildings, and equipment: cost or other      | r          |                       |                     |     |             |
|                             |      | basis. Complete Part VI of Schedule D              | 10a        |                       |                     |     |             |
|                             | b    | Less: accumulated depreciation                     | 10b        |                       |                     | 10c |             |
|                             | 11   | Investments - publicly traded securities           |            | 11                    |                     |     |             |
|                             | 12   | Investments - other securities. See Part IV, lin   |            | 12                    |                     |     |             |
|                             | 13   | Investments - program-related. See Part IV, lin    |            | 13                    |                     |     |             |
|                             | 14   | Intangible assets                                  |            | 14                    |                     |     |             |
|                             | 15   | Other assets. See Part IV, line 11                 |            |                       |                     | 15  |             |
|                             | 16   | Total assets. Add lines 1 through 15 (must e       |            |                       | 151,541.            | 16  | 361,946.    |
|                             | 17   | Accounts payable and accrued expenses              |            |                       |                     | 17  |             |
|                             | 18   | Grants payable                                     |            |                       |                     | 18  |             |
|                             | 19   | Deferred revenue                                   |            |                       |                     | 19  |             |
|                             | 20   | Tax-exempt bond liabilities                        |            |                       |                     | 20  |             |
|                             | 21   | Escrow or custodial account liability. Complet     | te Part IV | of Schedule D         |                     | 21  |             |
| es                          | 22   | Loans and other payables to any current or fo      |            |                       |                     |     |             |
| Liabilities                 |      | trustee, key employee, creator or founder, sul     |            |                       |                     |     |             |
| jab                         |      | controlled entity or family member of any of the   |            |                       |                     | 22  |             |
| _                           | 23   | Secured mortgages and notes payable to unr         |            |                       |                     | 23  |             |
|                             | 24   | Unsecured notes and loans payable to unrela        |            |                       |                     | 24  |             |
|                             | 25   | Other liabilities (including federal income tax,   |            |                       |                     |     |             |
|                             |      | parties, and other liabilities not included on lin | nes 17-24  | Complete Part X       | 0                   |     | 10 210      |
|                             |      | of Schedule D                                      |            | <i>,</i>              | 0.                  |     | 18,312.     |
|                             | 26   | Total liabilities. Add lines 17 through 25         |            |                       | 0.                  | 26  | 18,312.     |
| s                           |      | Organizations that follow FASB ASC 958, c          | heck he    | e ▶ ∟                 |                     |     |             |
| ၁င                          |      | and complete lines 27, 28, 32, and 33.             |            |                       |                     |     |             |
| alai                        | 27   |  |            |                       |                     | 27  |             |
| Ä                           | 28   | Net assets with donor restrictions                 |            |                       |                     | 28  |             |
| Ĕ                           |      | Organizations that do not follow FASB ASC          | 958, ch    | eck here 🕨 🔼          |                     |     |             |
| 卢                           |      | and complete lines 29 through 33.                  |            |                       | ^                   |     | 0           |
| Net Assets or Fund Balances | 29   | Capital stock or trust principal, or current fund  |            |                       | 0.                  | 29  | 0.          |
| SSe                         | 30   | Paid-in or capital surplus, or land, building, or  |            |                       | 151 541             | 30  | 0.          |
| μĄ                          | 31   | Retained earnings, endowment, accumulated          |            |                       | 151,541.            | 31  | 343,634.    |
| ž                           | 32   | Total net assets or fund balances                  |            |                       | 151,541.<br>151 541 | 32  | 343,634.    |
|                             | 33   | Total liabilities and net assets/fund balances     |            |                       | 151,541.            | 33  | 361,946.    |

Form **990** (2021)

| Pa | T XI Reconciliation of Net Assets   |         |             |      |             |
|----|---|---------|-------------|------|-------------|
|    | Check if Schedule O contains a response or note to any line in this Part XI   |         | <br>        |      |             |
|    |   |         |             | _    |             |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |             |      | <u>40.</u>  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |             |      | 47.         |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |             |      | 93 <u>.</u> |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4       | <u> 151</u> | , 54 | <u>41.</u>  |
| 5  | Net unrealized gains (losses) on investments  | 5       |             |      |             |
| 6  | Donated services and use of facilities  | 6       |             |      |             |
| 7  | Investment expenses   | 7       |             |      |             |
| 8  | Prior period adjustments  | 8       |             |      |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9       |             |      | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    | 1       |             |      |             |
|    | column (B))   | 10      | 343         | ,63  | 34.         |
| Pa | rt XII Financial Statements and Reporting   | 1       |             |      |             |
|    | Check if Schedule O contains a response or note to any line in this Part XII  | <u></u> | <br>        |      |             |
|    |   |         |             | Yes  | No          |
| 1  | Accounting method used to prepare the Form 990: X Cash Accrual Other  |         |             |      |             |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | Ο.      |             |      |             |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |         | <br>2a      |      | Х           |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a    |             |      |             |
|    | separate basis, consolidated basis, or both:  |         |             |      |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |         |             |      |             |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |         | 2b          |      | Х           |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,  |             |      |             |
|    | consolidated basis, or both:  |         |             |      |             |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |         |             |      |             |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,  |             |      |             |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |         | 2c          |      |             |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Scho    |         |             |      |             |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   |         |             |      |             |
|    | 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 |         |             |      |             |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |         | 3b          |      |             |

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

2021

Open to Public Inspection

Employer identification number

Small World Yoga, Inc. 46-5278254 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

# 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) 2017                      | <b>(b)</b> 2018     | (c) 2019            | (d) 2020            | (e) 2021            | (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)   |                               |                     |                     |                     |                     |             |  |  |
|                           | Public support. Subtract line 5 from line 4.   |                               |                     |                     |                     |                     |             |  |  |
|                           | ction B. Total Support   |                               |                     |                     |                     |                     |             |  |  |
|                           | ndar year (or fiscal year beginning in) ► 📙  | <b>(a)</b> 2017               | <b>(b)</b> 2018     | (c) 2019            | (d) 2020            | (e) 2021            | (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                        | <b>Total support.</b> Add lines 7 through 10   |                               |                     |                     |                     |                     |             |  |  |
| 12                        | Gross receipts from related activities,  | etc. (see i <b>nst</b> ructio | ins)                |                     |                     | 12                  |             |  |  |
| 13                        | First 5 years. If the Form 990 is for the  |                               |                     |                     |                     |                     |             |  |  |
|                           | organization, check this box and stop  |                               |                     |                     |                     |                     | <b>&gt;</b> |  |  |
|                           | ction C. Computation of Public   |                               |                     |                     |                     | г т                 |             |  |  |
|                           | Public support percentage for 2021 (lin  |                               |                     |                     |                     | 14                  | <u>%</u>    |  |  |
|                           | Public support percentage from 2020  |                               |                     |                     |                     | 15                  | %           |  |  |
| 16a                       | <b>33 1/3% support test - 2021.</b> If the o   |                               |                     |                     |                     |                     |             |  |  |
|                           | stop here. The organization qualifies a  |                               | -                   |                     |                     |                     |             |  |  |
| b                         | 33 1/3% support test - 2020. If the o  |                               |                     |                     |                     |                     |             |  |  |
|                           | and <b>stop here.</b> The organization quality   |                               |                     |                     |                     |                     |             |  |  |
| 17a                       | 10% -facts-and-circumstances test  | •                             |                     |                     |                     |                     | •           |  |  |
|                           | and if the organization meets the facts  |                               |                     | -                   | •                   | VI how the organiz  | ation       |  |  |
|                           | meets the facts-and-circumstances tes  | -                             | •                   |                     | -                   |                     |             |  |  |
| b                         | 10% -facts-and-circumstances test  | -                             |                     |                     |                     |                     | 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-circu   |                               |                     |                     |                     |                     | <b>&gt;</b> |  |  |
| 18                        | Private foundation. If the organization  | n did not check a !           | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | nd see instructions | ▶∟          |  |  |

# Schedule A (Form 990) 2021 Small World Yoga, Inc. | 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 under the tests listed below inlease complete Part II \

| Se   | ction A. Public Support  | now, please comp          | nete Part II.)             |                       |                    |                      |             |  |
|------|--|---------------------------|----------------------------|-----------------------|--------------------|----------------------|-------------|--|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2017                  | <b>(b)</b> 2018            | (c) 2019              | (d) 2020           | (e) 2021             | (f) Total   |  |
|      | Gifts, grants, contributions, and  |                           |                            | • •                   |                    |                      |             |  |
|      | membership fees received. (Do not  |                           |                            |                       |                    |                      |             |  |
|      | include any "unusual grants.")   |                           | 119,638.                   | 216,737.              | 118,575.           | 212,101.             | 667,051.    |  |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                           | 9,227.                     |                       | 250,808.           |                      | 616,578.    |  |
| 3    | Gross receipts from activities that  |                           | ,                          | •                     | ,                  |                      | •           |  |
|      | are not an unrelated trade or business under section 513   |                           |                            |                       |                    |                      |             |  |
| 4    | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                           |                            |                       |                    |                      |             |  |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                           |                            |                       |                    |                      |             |  |
| 6    | Total. Add lines 1 through 5   |                           | 128,865.                   | 232,441.              | 369,383.           | 552,940.             | 1283629.    |  |
| 78   | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                           |                            |                       |                    |                      | 0.          |  |
| k    | 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.          |  |
| (    | Add lines 7a and 7b  |                           |                            |                       |                    |                      | 0.          |  |
| 8    | Public support. (Subtract line 7c from line 6.)  |                           |                            |                       |                    |                      | 1283629.    |  |
| Se   | ction B. Total Support   |                           |                            |                       |                    |                      |             |  |
| Cale | ndar year (or fiscal year beginning in) ► 📗  | <b>(a)</b> 2017           | (b) 2018                   | <b>(c)</b> 2019       | (d) 2020           | (e) 2021             | (f) Total   |  |
|      | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                      | 4                         | 128,865.                   | 232,441.              | 369,383.           | 552,940.             | 1283629.    |  |
| k    | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                           |                            |                       |                    |                      |             |  |
|      | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  | O                         |                            |                       |                    |                      |             |  |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                           |                            |                       |                    |                      |             |  |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   |                           | 128,865.                   | 232,441.              | 369,383.           | 552,940.             | 1283629.    |  |
| 14   | First 5 years. If the Form 990 is for the  | e organization's fir      | rst, second, third, t      | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) organizatio | on,         |  |
| _    |  |                           | -                          |                       |                    |                      | <b>&gt;</b> |  |
|      | ction C. Computation of Public   |                           |                            |                       |                    |                      | 100 00      |  |
| 15   | Public support percentage for 2021 (lin  |                           |                            | olumn (f))            |                    |                      | 100.00 %    |  |
| 16   | Public support percentage from 2020  |                           |                            |                       |                    | 16                   | 100.00 %    |  |
|      | ction D. Computation of Inves  |                           |                            |                       |                    |                      | 0.0         |  |
|      | Investment income percentage for 20  | •                         | •                          |                       |                    | 17                   | .00 %       |  |
|      | Investment income percentage from 2  |                           |                            |                       |                    | 18                   | %           |  |
| 19a  | 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not                             |                           |                            |                       |                    |                      |             |  |
| k    | more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  |                           |                            |                       |                    |                      |             |  |
|      | line 18 is not more than 33 1/3%, chec   | ck this box and <b>st</b> | t <b>op here.</b> The orga | nization qualifies a  | s a publicly suppo | rted organization    | ▶□          |  |
| 20   | Private foundation. If the organization  | n did not check a         | box on line 14, 19a        | a, or 19b, check th   | is box and see ins | tructions            | ▶∐          |  |

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

|     | Yes | No |
|-----|-----|----|
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| 10a |     |    |
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| 10b |     |    |

| Par  | t IV      | Supporting Organizations (continued)  |           |       |    |
|------|-----------|---|-----------|-------|----|
|      |           |   |           | Yes   | No |
| 11   | Has th    | ne organization accepted a gift or contribution from any of the following persons?  |           |       |    |
| а    | A pers    | son who directly or indirectly controls, either alone or together with persons described on lines 11b and   |           |       |    |
|      | 11c be    | elow, the governing body of a supported organization?   | 11a       |       |    |
| b    | A fami    | ily member of a person described on line 11a above?   | 11b       |       |    |
| С    | A 35%     | controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |           |       |    |
|      | detail i  | in Part VI.   | 11c       |       |    |
| Sect | tion B    | B. Type I Supporting Organizations  |           |       |    |
|      |           |   |           | Yes   | No |
| 1    | Did the   | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |           |       |    |
|      |           | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,  |           |       |    |
|      |           | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)   |           |       |    |
|      |           | vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |           |       |    |
|      |           | rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1         |       |    |
|      |           | e organization operate for the benefit of any supported organization other than the supported   |           |       |    |
|      | organi    | zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |           |       |    |
|      |           | 1 how providing such benefit carried out the purposes of the supported organization(s) that operated.   |           |       |    |
|      | superv    | vised, or controlled the supporting organization.   | 2         |       |    |
| Sect | tion C    | C. Type II Supporting Organizations   |           |       |    |
|      |           |   |           | Yes   | No |
| 1    | Were a    | a majority of the organization's directors or trustees during the tax year also a majority of the directors   |           |       |    |
|      | or trus   | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |           |       |    |
|      |           | nagement of the supporting organization was vested in the same persons that controlled or managed   |           |       |    |
|      | the su    | poorted organization(s).  | 1         |       |    |
| Sect | tion D    | D. All Type III Supporting Organizations  |           |       |    |
|      |           |   |           | Yes   | No |
| 1    | Did the   | e organization provide to each of its supported organizations, by the last day of the fifth month of the  |           |       |    |
|      | organi    | zation'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   |           |       |    |
|      | organi    | zation's governing documents in effect on the date of notification, to the extent not previously provided?  | 1         |       |    |
| 2    | Were a    | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |           |       |    |
|      | organi    | zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |           |       |    |
|      |           | ganization maintained a close and continuous working relationship with the supported organization(s).   | 2         |       |    |
|      |           | son of the relationship described on line 2, above, did the organization's supported organizations have a   |           |       |    |
|      | -         | cant voice in the organization's investment policies and in directing the use of the organization's   |           |       |    |
|      | incom     | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |           |       |    |
| C1   | suppo     | rted organizations played in this regard.   | 3         |       |    |
| Seci | ion E     | . Type III Functionally Integrated Supporting Organizations   |           |       |    |
| 1    |           | the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 governmental entity (see ins  | struction | l ' I |    |
| 2    |           | ies Test. Answer lines 2a and 2b below.   |           | Yes   | No |
|      |           | abstantially all of the organization's activities during the tax year directly further the exempt purposes of   |           |       |    |
|      |           | pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |           |       |    |
|      |           | supported organizations and explain how these activities directly furthered their exempt purposes,  |           |       |    |
|      |           | ne organization was responsive to those supported organizations, and how the organization determined  | 0-        |       |    |
|      |           | ese activities constituted substantially all of its activities.   | 2a        |       |    |
|      |           | e activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |           |       |    |
|      |           | more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in   |           |       |    |
|      |           | If the reasons for the organization's position that its supported organization(s) would have engaged in   | O.        |       |    |
|      |           | activities but for the organization's involvement.  | 2b        |       |    |
|      |           | t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |           |       |    |
|      |           | e organization have the power to regularly appoint or elect a majority of the officers, directors, or   | 20        |       |    |
|      |           | es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>  | 3a        |       |    |
| b    |           | e organization exercise a substantial degree of direction over the policies, programs, and activities of each   | 3b        |       |    |
|      | VII 115 5 | SUDDOLLOG OLGANICANOLIS! IL YES. DESCRIDE III <b>FAIL VI</b> IDE MISVAN NV THA AMANIZATION IN THIS RANAM  | UU        |       |    |

| Pai  | rt V   | Type III Non-Functionally Integrated 509(a)(3) Supporting                        | g Orga    | nizations                           |                                |
|------|--------|--|-----------|-------------------------------------|--------------------------------|
| 1    |        | Check here if the organization satisfied the Integral Part Test as a qualifying  | trust or  | Nov. 20, 1970 ( explain in <b>I</b> | Part VI). See instructions.    |
|      |        | All other Type III non-functionally integrated supporting organizations must     | complet   | e Sections A through E.             |                                |
| Sect | ion A  | - Adjusted Net Income  |           | (A) Prior Year                      | (B) Current Year<br>(optional) |
| 1    | Net s  | short-term capital gain  | 1         |                                     |                                |
| 2    |        | overies of prior-year distributions  | 2         |                                     |                                |
| 3    |        | er gross income (see instructions)   | 3         |                                     |                                |
| 4    |        | lines 1 through 3.   | 4         |                                     |                                |
| 5    |        | reciation and depletion  | 5         |                                     |                                |
| 6    | Porti  | on of operating expenses paid or incurred for production or                      |           |                                     |                                |
|      |        | ction of gross income or for management, conservation, or                        |           |                                     |                                |
|      |        | itenance of property held for production of income (see instructions)            | 6         |                                     |                                |
| 7    |        | er expenses (see instructions)   | 7         |                                     |                                |
| 8    |        | sted Net Income (subtract lines 5, 6, and 7 from line 4)                         | 8         |                                     |                                |
|      |        | - Minimum Asset Amount   | -         | (A) Prior Year                      | (B) Current Year<br>(optional) |
| 1    | Aggr   | regate fair market value of all non-exempt-use assets (see                       |           |                                     |                                |
|      | instr  | uctions for short tax year or assets held for part of year):                     |           |                                     |                                |
| а    | Aver   | age monthly value of securities  | 1a        |                                     |                                |
|      |        | age monthly cash balances  | 1b        |                                     |                                |
| С    | Fair ı | market value of other non-exempt-use assets                                      | 1c        |                                     |                                |
| d    | Tota   | I (add lines 1a, 1b, and 1c)   | 1d        |                                     |                                |
| е    | Disc   | ount claimed for blockage or other factors                                       |           |                                     |                                |
|      | (expl  | lain in detail in Part VI):  |           |                                     |                                |
| 2    |        | uisition indebtedness applicable to non-exempt-use assets                        | 2         |                                     |                                |
| 3    | Subt   | tract line 2 from line 1d.   | 3         |                                     |                                |
| 4    | Cash   | n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,         | 4         |                                     |                                |
|      | see i  | nstructions).  | 4         |                                     |                                |
| 5    | Net v  | value of non-exempt-use assets (subtract line 4 from line 3)                     | 5         |                                     |                                |
| 6    | Multi  | iply line 5 by 0.035.  | 6         |                                     |                                |
| 7    | Reco   | overies of prior-year distributions  | 7         |                                     |                                |
| 8    | Mini   | mum Asset Amount (add line 7 to line 6)  | 8         |                                     |                                |
| Sect | ion C  | - Distributable Amount   |           |                                     | Current Year                   |
| 1    | Adju   | sted net income for prior year (from Section A, line 8, column A)                | 1         |                                     |                                |
| 2    | Ente   | r 0.85 of line 1.  | 2         |                                     |                                |
| 3    | Minir  | mum asset amount for prior year (from Section B, line 8, column A)               | 3         |                                     |                                |
| 4    | Ente   | r greater of line 2 or line 3.   | 4         |                                     |                                |
| 5    | Incor  | me tax imposed in prior year   | 5         |                                     |                                |
| 6    | Distr  | ributable Amount. Subtract line 5 from line 4, unless subject to                 |           |                                     |                                |
|      | eme    | rgency temporary reduction (see instructions).                                   | 6         |                                     |                                |
| 7    |        | Check here if the current year is the organization's first as a non-functionally | y integra | ted Type III supporting orga        | nization (see                  |

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Small World Yoga, Inc.

**Employer identification number** 46-5278254

| Pai | t I Organizations Maintaining Donor Advised<br>organization answered "Yes" on Form 990, Part IV, line                   |   | s or Accounts. Complete if the        |
|-----|---|---|---------------------------------------|
|     | G   | (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 w  | riting that the assets held in donor advi   | ised funds                            |
|     | are the organization's property, subject to the organization's e  | exclusive legal control?                    | Yes No                                |
| 6   | Did the organization inform all grantees, donors, and donor ad  |   |                                       |
|     | for charitable purposes and not for the benefit of the donor or   | donor advisor, or for any other purpose     | e conferring                          |
|     |   |   |                                       |
| Pai | t II Conservation Easements. Complete if the organization   | anization answered "Yes" on Form 990        | , Part IV, line 7.                    |
| 1   | Purpose(s) of conservation easements held by the organization   | n (check all that apply).                   |                                       |
|     | Preservation of land for public use (for example, recreating  | ion or education) Preservation of           | 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 qualifie  | ed conservation contribution in the form    |                                       |
|     | 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 stru-  |   | 2c                                    |
| d   | Number of conservation easements included in (c) acquired af  |   | ture                                  |
|     | listed in the National Register   |   | 2d                                    |
| 3   | Number of conservation easements modified, transferred, rele  | ased, extinguished, or terminated by th     | e organization during the tax         |
|     | year ▶  |   |                                       |
| 4   | Number of states where property subject to conservation ease  |   | -                                     |
| 5   | Does the organization have a written policy regarding the period  |   |                                       |
|     | violations, and enforcement of the conservation easements it  |   |                                       |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h  | nandling of violations, and enforcing cor   | nservation easements during the year  |
| _   | <u> </u>  |   |                                       |
| 7   | Amount of expenses incurred in monitoring, inspecting, handle   | ing of violations, and enforcing conserv    | ation easements during the year       |
| _   | <b>\$</b>   |   | 2(1)/4)/(7)/(2)                       |
| 8   | Does each conservation easement reported on line 2(d) above   | •   |                                       |
| •   | and section 170(h)(4)(B)(ii)?   |   |                                       |
| 9   | In Part XIII, describe how the organization reports conservatio   | •   |                                       |
|     | balance sheet, and include, if applicable, the text of the footno organization's accounting for conservation easements. | ote to the organization's illiancial staten | nerts trat describes trie             |
| Pai | t III Organizations Maintaining Collections of  | Art. Historical Treasures, or O             | Other Similar Assets.                 |
|     | Complete if the organization answered "Yes" on Form   |   |                                       |
| 1a  | If the organization elected, as permitted under FASB ASC 958  |   | and balance sheet works               |
|     | of art, historical treasures, or other similar assets held for publ   | •   |                                       |
|     | service, provide in Part XIII the text of the footnote to its finance   | · ·   | ·                                     |
| b   | If the organization elected, as permitted under FASB ASC 958  |   |                                       |
|     | art, historical treasures, or other similar assets held for public  | •   |                                       |
|     | provide the following amounts relating to these items:  | ,   | ,                                     |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |   | <b>&gt;</b> \$                        |
|     |   |   | <b>L A</b>                            |
| 2   | If the organization received or held works of art, historical trea  |   |                                       |
|     | the following amounts required to be reported under FASB AS   |   |                                       |
| а   | Revenue included on Form 990, Part VIII, line 1   | _   | <b>&gt;</b> \$                        |
| b   | Assets included in Form 990, Part X   |   |                                       |

Schedule D (Form 990) 2021

e Other

b Buildingsc Leasehold improvementsd Equipment

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

| Concadio D | (1 01111 000) = 0= 1 |                  |  |
|------------|----------------------|------------------|--|
| Part VII   | Investments -        | Other Securities |  |

| Part VII     |  | <u> </u>                        |  |                       |
|--------------|--|---------------------------------|--|-----------------------|
|              | Complete if the organization answered "Yes"                          | on Form 990, Part IV, line      | 11b. See Form 990, Part X, line 12.        |                       |
| (a) Descrip  | tion of security or category (including name of security)            | (b) Book value                  | (c) Method of valuation: Cost or end       | -of-year market value |
| (1) Financia | al derivatives   |                                 |  |                       |
| (2) Closely  | held equity interests  |                                 |  |                       |
| (3) Other    |  |                                 |  |                       |
| (A)          |  |                                 |  |                       |
| (B)          |  |                                 |  |                       |
| (C)          |  |                                 |  |                       |
| (D)          |  |                                 |  |                       |
| (E)          |  |                                 |  |                       |
| <u>(F)</u>   |  |                                 |  |                       |
| (G)          |  |                                 |  |                       |
| (H)          | (h) marel a marel 5 mare 2000 Bart Marel (B) that 40 \ \             |                                 |  |                       |
| Part VIII    | b) must equal Form 990, Part X, col. (B) line 12.)                   |                                 |  |                       |
| I dit Viii   | Complete if the organization answered "Yes"                          | on Form 990 Part IV line        | 11c See Form 990 Part X line 13            |                       |
|              | (a) Description of investment  | (b) Book value                  | (c) Method of valuation: Cost or end       | -of-vear market value |
| (4)          | (a) Description of investment  | (b) Book value                  | (c) Wethod of Valdation. Gost of Cha       | or year market value  |
| (1)          |  |                                 |  |                       |
| (2)          |  |                                 |  |                       |
| (3)<br>(4)   |  |                                 |  |                       |
| (5)          |  |                                 |  |                       |
| (6)          |  |                                 |  |                       |
| (7)          |  |                                 |  |                       |
| (8)          |  |                                 |  |                       |
| (9)          |  |                                 |  |                       |
|              | 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)          |  |                                 |  |                       |
| (2)          |  |                                 |  |                       |
| (3)          |  |                                 |  |                       |
| (4)          |  |                                 |  |                       |
| (5)          |  |                                 |  |                       |
| (6)          |  |                                 |  |                       |
| (7)          |  |                                 |  |                       |
| (8)          |  |                                 |  |                       |
| <u>(9)</u>   |  |                                 |  |                       |
| Part X       | mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. | 15.)                            | <b></b>                                    |                       |
| raitA        | Complete if the organization answered "Yes"                          | on Form 900 Part IV line:       | 110 or 11f Soo Form 000 Part V line 25     |                       |
|              | (a) Description of liability   | Diri oiiii 990, i ait iv, iiile | The or Thi. See Form 990, Fart X, line 23. | (b) Book value        |
| 1. (1) Food  | leral income taxes   |                                 |  | (b) Book value        |
|              | YROLL LIABILITIES  |                                 |  | 4,857.                |
|              | P LOAN   |                                 |  | 13,455.               |
| (4)          | T 701111   |                                 |  | 10, 100               |
| (5)          |  |                                 |  |                       |
| (6)          |  |                                 |  |                       |
| (7)          |  |                                 |  |                       |
| (8)          |  |                                 |  |                       |
| (9)          |  |                                 |  |                       |
|              | ımn (b) must equal Form 990, Part X, col. (B) line                   | 25.)                            | <b>•</b>                                   | 18,312.               |
| (0010        |  |                                 |  |                       |

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

|         | 46-     | 5278254 | Page 4 |  |  |  |
|---------|---------|---------|--------|--|--|--|
| Return. |         |         |        |  |  |  |
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|         | 2e      |         |        |  |  |  |
|         | 2e<br>3 |         |        |  |  |  |
|         |         |         |        |  |  |  |
|         | 4c      |         |        |  |  |  |
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| rH      | etur    | n.      |        |  |  |  |
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|  | Complete if the organization answered "Yes" on Form 990, Part IV, line 12           | 2a.     |   |  |  |
|--|---|---------|---|--|--|
| 1  | Total revenue, gains, and other support per audited financial statements            |         | . 1   |  |  |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                 |         |   |  |  |
| а  | Net unrealized gains (losses) on investments  | 2a      |   |  |  |
| b  | Donated services and use of facilities  |         |   |  |  |
| С  | Recoveries of prior year grants   |         |   |  |  |
| d  | Other (Describe in Part XIII.)  | 1 4 . 1 |   |  |  |
| е  | Add lines 2a through 2d   |         | 2e  |  |  |
| 3  | Subtract line 2e from line 1  |         | 3   |  |  |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                |         | 4   |  |  |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b                    | 4a      |   |  |  |
| b  | Other (Describe in Part XIII.)  | 4b      |   |  |  |
| С  | Add lines 4a and 4b   |         | 4c  |  |  |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)     |         | . 5   |  |  |
| Ра   | rt XII Reconciliation of Expenses per Audited Financial Staten                      |         | r Return.   |  |  |
|  | Complete if the organization answered "Yes" on Form 990, Part IV, line 12           |         |   |  |  |
| 1  | Total expenses and losses per audited financial statements                          |         | . 1   |  |  |
| 2  | Amounts included on line 1 but not on Form 990, Part IX, line 25:                   | 1 . 1   |   |  |  |
| a  | Donated services and use of facilities  |         |   |  |  |
| b  | Prior year adjustments  |         |   |  |  |
| C  | Other losses  |         |   |  |  |
| d  | Other (Describe in Part XIII.)  |         |   |  |  |
| e  | Add lines 2a through 2d   |         |   |  |  |
| 3  | Subtract line 2e from line 1  | <b></b> | 3   |  |  |
| 4  | Amounts included on Form 990, Part IX, line 25, but not on line 1:                  | 145     |   |  |  |
| a  | Investment expenses not included on Form 990, Part VIII, line 7b                    |         | -   |  |  |
| b  | Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>                    |         | 4c  |  |  |
| 5  | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)    |         | ` <del>                                    </del> |  |  |
|  | rt XIII Supplemental Information.   |         | 3   |  |  |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, |   |         |   |  |  |
|  | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac |         | o ., . a , ,                                      |  |  |
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# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service Name of the organization

Small World Yoga, Inc.

**Employer identification number** 46-5278254

OMB No. 1545-0047

Inspection

| Form 990, Part I, Line 1, Description of Organization Mission: |
|--|
| and emotional health benefits.                                 |
|  |
| Form 990, Part VI, Section B, line 11b:                        |
| REVIEW OF 990 AT BOARD MEETING.                                |
| Form 990, Part VI, Section B, Line 12c:                        |
| AVAILABLE UPON REQUEST   |
|  |
| Form 990, Part VI, Section B, Line 15:                         |
| AVAILABLE UPON REQUEST   |
|  |
| Form 990, Part VI, Section C, Line 19:                         |
| UPON REQUEST   |
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