SCANNED 0CT 0 8 2021

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

<u>A</u>	ror the	2019 calenda	ar year, or tax year beginning August 1 , 2019, and ending	July 3	, 20 20	
В	Check if a	pplicable:	C Name of organization D E	imployer i	dentification number	
	Address o	change		81-5200190		
\sqcup	Name cha	*	Telephone number			
H	Initial retu		2600 S County Road 5 E	7	19-850-0372	
H	Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Ex	emption	
		on pending	Monte Vista, CO 81144	Number	▶	
G	Account	ting Method:		ck ▶ □	f the organization is not	
	Nebsite				tach Schedule B	
J 1	ax-exen		*************************************		90-EZ, or 990-PF).	
		 	✓ Corporation ☐ Trust ☐ Association ☐ Other	····		
		_	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets		
			5500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	130,615	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the lins	ruction		
			the organization used Schedule O to respond to any question in this Part			
_	1		ns, gifts, grants, and similar amounts received	. 26	130,596	
	2		and an annual in all relians many many and for a solid an absolute [4]	(3)	130,390	
	3		ip dues and assessments	3	0	
	4	Investment	linearies as the same of the s			
	5a		unt from sale of assets other than inventory 5a GDEN, U	T -	19	
	Ь		or other basis and sales expenses			
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	- 		
	٦		d fundraising events:	. <u>5c</u>	0	
	a		ome from gaming (attach Schedule G if greater than			
9	•	\$15,000) .		0		
Revenue	Ь	Gross inco	me from fundraising events (not including \$ 0 of contributions			
æ	1	from fundra	aising events reported on line 1) (attach Schedule G if the	Ì		
		sum of suc	h gross income and contributions exceeds \$15,000) 6b	o		
	C	Less: direc	t expenses from gaming and fundraising events 6c	0		
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtractions)	rt	,	
		line 6c) .		. 6d	l o	
	7a	Gross sales	s of inventory, less returns and allowances	0		
	ь	Less: cost	of goods sold	o		
	C	Gross profi	t or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	o	
	8		nue (describe in Schedule O)	. 8	0	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	> 9	130,615	
	10		similar amounts paid (list in Schedule O)	. 10	189,849	
	11		id to or for members	. 11	0	
2	12		her compensation, and employee benefits	. 12	0	
penses	13		al fees and other payments to independent contractors	. 13	0	
	14		rent, utilities, and maintenance	. 14	0	
Ă	15		blications, postage, and shipping	. 15	179	
	16		nses (describe in Schedule O)		463	
	17		nses. Add lines 10 through 16		190,491	
_	18	Excess or 6	deficit) for the year (subtract line 17 from line 9)	. 18	-59,876	
	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wit		-55,070	
83			r figure reported on prior year's return)		60,603	
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)	-		
ž	21		or fund balances at end of year. Combine lines 18 through 20		727	
			or raine seathloss at one or year. Combine tines to tinough zo		727	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)

Pai	rt II Balance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[60,603	22	727
23	Land and buildings		[0	23	0
24	Other assets (describe in Schedule O)		[24	0
25	Total assets			60,603	25	727
26	Total liabilities (describe in Schedule O)		[0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	60,603	27	727
Part	t III Statement of Program Service Accom	plishments (see th	ne instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗹	_	Expenses
What	t is the organization's primary exempt purpose?	education and rural	development			uired for section c)(3) and 501(c)(4)
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the				nizations; optional for
28	Friends of Arhaus Children's Home: construction of	a home for 100 childs	en in the rural Soluk	humbu District of		
	Nepal. To provide housing, food, supervision, and fu	ll access to quality e	ducation. Children re	ached are those		
	displaced and removed from school following the 20					
	(Grants \$ 68,108) If this amount	includes foreign gra	ants, check here .	▶ 🗸	28a	68,108
29	Friends of Arhaus Children's Home: funding to cover	r costs of supporting	the 100 children who	will be residents		
	of the home when construction is completed (see ite					
	water, school tuition, books, uniforms, etc.					
	(Grants \$ 53,835) If this amount	includes foreign gra	ents, check here .	▶ 🗸	29a	53,835
30	COVID-19 Tuition Funds: response funds to pay for r					
	lieu of economic impacts of the pandemic. will help u					
		~				Ì
	(Grants \$ 25,000) If this amount	includes foreign gra	ints, check here .	▶ 🗸	30a	25,000
31	Other program services (describe in Schedule O)					
	, •	in alcordan formation and	nte chock horo	▶ ☑ │	31a	42,906
32	(Grants \$ 42,906) If this amount	includes foreign gra	uno, check here .			42.500
5 2		through 31a)	· · · · · · · ·		32	
Part	Total program service expenses (add lines 28a	through 31a)		▶	32	189,849
	Total program service expenses (add lines 28a	through 31a) Employees (list each	n one even if not com	▶ pensated—see the in	32	189,849
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	through 31a) Employees (list each	n one even if not com	pensated—see the in Part IV	32 struc	189,849 tions for Part IV)
Part	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	32 struc	189,849 tions for Part IV)
Part	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a) / Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 struc	189,849 tions for Part IV)
Part Sally	Total program service expenses (add lines 28a to IV) List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Wier - president, board chair	through 31a) / Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 struc	189,849 tions for Part IV)
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Part				_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	1.00	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b 38a	Did the organization file Form 1120-POL for this year?	37b		✓
302	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		7
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	İ '		
a b	Initiation fees and capital contributions included on line 9	1		•
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	_	√
41	List the states with which a copy of this return is filed ▶ Colorado			
42a	The organization's books are in care of ▶ Sally Wier Telephone no. ▶ (1) Located at ▶ 2600 S County Road 5 E, Monte Vista, CO ZIP + 4 ▶	719) 85 81144		2
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	01144	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		√
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		/
	Did the organization receive any payments for indoor tanning services during the year?	44c		√
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		_

Form 99	90-EZ (2019)								Page	
,						,			Yes	No	
46	Did	the organization engage, directly or in	directly, in political c	ampaign activities	on beh	alf of or	in opposit	ion 🔚			
	to c	andidates for public office? If "Yes," c	omplete Schedule C	, Partl				. 46	3	1	
Part	VI	Section 501(c)(3) Organizations	Only								
		All section 501(c)(3) organizations	s must answer que	stions 47-49b a	nd 52, a	and co	mplete th	e tables	for lin	es	
		50 and 51.	•				·				
		Check if the organization used Sch	nedule O to respond	to any question	in this P	art VI				. \square	
									Yes	No	
47	Did	the organization engage in lobbying	activities or have a	section 501(h) ele	ction in	effect o	during the	tax		1	
		? If "Yes," complete Schedule C, Part						. 47	,	/	
48	is th	e organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." comple	ate Sche	dule E		·		17	
49a		the organization make any transfers to							-	+>	
b		es," was the related organization a se								+-	
50		plete this table for the organization's								nd ko	
-	emn	loyees) who each received more than	\$100 000 of comper	sation from the o	raenizeti	on if th	ere is non	o enter	'None	n n	
	<u> </u>	noyeday who eden received more than		T	~~~~	1) Health			140110.		
	la) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation			to employee	(e) Estima	ited amo	unt of	
	10	y Name and the or each employee	devoted to position	(Forms W-2/1099-MI	SC) bene		and deferred	other c	ompense	tion	
			<u> </u>			compen	Sanon				
none											
				ļ							
					- 1		Į				
											
		. 									
				l							
f	Tota	I number of other employees paid over	er \$100,000	. >	0						
51	Com	plete this table for the organization's	s five highest compe	ensated independ	ent cont	ractors	who each	receive	d more	tha	
	\$100	0,000 of compensation from the organ	nization. If there is no	ne, enter "None."							
	la	Name and business address of each independent	ent contractor	(b) Type of	senice		(a)	Compense	rtion		
		y reality and positions durings of days independent		(b) Type of	0011100			Compone			
none											
		± == == == = = = = = = = = = = = = = =	***************************************			- 1					
				·····							
		***************************************	**************								
						+	·				
÷		***************************************									
	Tota	I number of other independent contra	ctors each receiving	Over \$100 000	_)			
52			_		 !*==!=====						
UZ.		the organization complete Schedul			_			PØYe		Ma.	
		'								No	
unaer p	ename: rect. ai	s of penjury, I declare that I have examined this re nd complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ying schedules and stat mation of which prepa	ternents, ar irer has anv	nd to the i knowled	best of my kn lae.	owiedge a	nd belief,	it is	
		Callet (1)					- - + -	1			
Sian.		Signature of officer	· · · · · · · · · · · · · · · · · · ·				<u> </u>	1207			
Sign	}					Date	/	1			
Here	1	Sally Wier, President	······································								
		Type or print name and title	75	·· · ·································			 _	- 1			
Paid		Print/Type preparer's name	Preparer's signature		Date		Check 🔲	if PTIN			
Prep	arer		<u> </u>				self-employ	yed			
Use (_	Firm's name ▶	··········			Firm'	s EIN ▶	N ►			
		Firm's address ▶				Phon	e no.				
May th	ne IRS	discuss this return with the preparer	shown above? See it	nstructions				► □ Ye	s_ 🗆 1	No	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2019

Open to Public Inspection

Name of the organization Employer identification number The Small World USA 815200190 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 university: 10 An organization that normally receives: (1) more than 331x8% 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 33½% 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. C its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iv) is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) **(B)** (C) (D) (E)

Part	Support Schedule for Organiza						
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			·		T	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		<u> ,</u>				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			1			
	on B. Total Support				,	· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 201,6	(c) 2017	(d) 2018	(e) 2019	(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 12	Total support. Add lines 7 through 10 / Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						🕨 🗆
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6		•	1, column (f))		14	<u>%</u>
15	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi					15	shook this
16a	box and stop here. The organization qual			•		o'/3% or more,	Check this
b	331/3% support test #2018. If the organic	•	• • •	•			
	this box and stop here. The organization						► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization"	19. If the organics the "facts	anization did n	ot check a boa	x on line 13, 1 neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets th	e "facts-and-o	circumstances	" test, check t	this box and a	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions			<u> </u>	<u> </u>	<u> </u>	▶ □

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

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

Secti	on A. Public Support	dider the tes	its listed beic	W, piease co	mpiete i ait i		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees			(-7		177	
	received. (Do not include any "unusual grants.")	o	2618.00	49072.00	132544.00	130596.00	314830.00
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	0	o	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	O	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	O	0	0
5	The value of services or facilities fumished by a governmental unit to the organization without charge	o	o	0	0	0	0
6	Total. Add lines 1 through 5	0	2618.00	49072.00	132544.00	130596.00	314830.00
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	· }	0	0	0	. 0	0	0
8 8	Add lines 7a and 7b	0	0	0	0	0	314830.00
Secti	on B. Total Support		 				014000.00
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	2618.00	49072.00	132544.00	130596.00	314830.00
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	0	0	3.00	32.00	19.00	54.00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	o	0	0	o	- 0	0
C	Add lines 10a and 10b	0	0	3.00	32.00	19.00	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	n	o	o		a	0
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,	0	0	. 0		0	0
14	and 12.)	•	·		-	130615.00 ear as a section	````
Sacti	on C. Computation of Public Suppor			· · · · ·	 		<u> </u>
15	Public support percentage for 2019 (line 8			3. column (fl)		15	%
16	Public support percentage from 2018 Sch		•			16	%
	on D. Computation of Investment Inc			<u> </u>		<u> </u>	
17	Investment income percentage for 2019 (y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2018	•	• • •	•		18	%
19a	331/a% support tests-2019. If the organi	zation did not o	check the box	on line 14, an	d line 15 is m		, and line
	17 is not more than 331/3%, check this box a	and stop here.	The organization	n qualifies as a	publicly suppo	rted organization	on . ▶ 🔲
b	331/s% support tests - 2018. If the organize line 18 is not more than 331/s%, check this b						
20	Private foundation. If the organization did	d not check a b	ox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

Part IV Supporting Organizations

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

Secu	on A. All Supporting Organizations		IV	Ma
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.	1	Tes	No
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).	2	_	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3c		_
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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.	46		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (l) 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?	5a 5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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			
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9 a	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 .	9a		
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	<u> </u>		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Dago	5
PAG6	-

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>	_	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			لـــــا
	•	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Ĺ
Secti	on C. Type II Supporting Organizations		r	Y
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ ']
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			i
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
_	· · · · · · · · · · · · · · · · · · ·	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	'		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
0-4		3	i	<u>. </u>
	on E. Type III Functionally Integrated Supporting Organizations		-41	٠
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it The organization satisfied the Activities Test. Complete line 2 below.	nsuu	CUOIR	s).
	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each or as supported organizations. Complete time of below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (coo in	ctn ict	ionel
с 2	Activities Test. Answer (a) and (b) below.	300 II K	Yes	
		Г		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	İ '		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	┢▔▔		
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	'		
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		-	1
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	'		
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	_	┟──┘
_				
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	_	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income	112-01	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		/
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section CDistributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)		
Sect	Section D—Distributions				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See Instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
þ	From 2015				
C	From 2016				
d	From 2017		· · · · · · · · · · · · · · · · · · ·		
0	From 2018				
f	Total of lines 3a through e				
9	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i_	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years		·····		
b	Applied to 2019 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2015			 	
b	Excess from 2016				
С					
d	Excess from 2018				
8	Excess from 2019	<u> </u>			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2019 Open to Public

Department of the Treasury Inspection Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number The Small World USA 815200190 Part I, Item 16: other expenses: 1. fees payed to PayPal for processing online credit card donations = \$ 163.39 2. international wire fees paid to send grant funds to Nepal for project work = 8 280.00 3. fees paid to Colorado Secretary of State for nonprofit registration renewals, etc. = 8 20.00 total = 8463.39total rounded down = \$463.00 Part III, Item 31: other program services: Girls' Bachelor's Education Initiative: tuition funds to sponsor disadvantaged girls pursuing bachelor's degrees. 3 girls supported. foreign grant funds = \$6479.00 2. Himalayan Hope Home: tuition costs and operational costs for an orphanage in Kathmandu, Nepal that serves disadvantaged girls from rural parts of Nepal. 40 girls upported foreign grant funds = \$4094.00 3. COVID-19 Response Programs: funds to supply critical food supplies to families in need during the pandemic, as well as seeds and sustainable farming instruction to local women's groups to facilitate locia food security during the pandomic. Hundreds of families supported foreign grant funds = \$ 6002.00 4. Weaving for Empowerment: supporting 4-7 women from Nepal in a traditional Nepalese weaving training program to give thom marketable skills and to make them economically independent. foreign grant funds = \$ 775.00 5. Phuleli Health Post: construction of a rural community health post for an under-served area with no current health care facilities or infrastructure. When completed the facility will reach thousands of villagers in the surrounding area. foreign grant funds = \$ 14,108.00 6. Donor Travel Funds: funds donated to cover the costs of individual donors traveling to project sites in Nepal. foreign grant funds = \$11,448.00 Total foreign grant funds for items 1-6 listed on Schedule 0 = \$42906.00