### **990-EZ**

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

OMB No. 1545-0047 20**22** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public.

**Open to Public** Inspection

Department of the Treasury

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Net Assets

Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023 **B** Check if applicable: C Name of organization D Employer identification number Address change Warrior Within Yoga Project Inc 92-0435960 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number ~ Initial return 317 N Main St 508-251-9895 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return Natick, MA 01760 Number Application pending G Accounting Method: ☐ Cash ✓ Accrual Other (specify): **H** Check ☐ if the organization is **not** required to attach Schedule B I Website: www.warriorwithinyoga.org J Tax-exempt status (check only one) — 🗹 501(c)(3) 🗌 501(c) ( (Form 990). ☐ 4947(a)(1) or ☐ 527 ) (insert no.) **K** Form of organization: Corporation Trust Association Other: L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 33,949 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . . ~ 1 31,732 2 Program service revenue including government fees and contracts 2 225 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses . . . . . . . . . . . . 0 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . С 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 1,803 **c** Less: direct expenses from gaming and fundraising events . . . 6с 1,838 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d -35 7a Gross sales of inventory, less returns and allowances . . . 7a 181 Less: cost of goods sold . . . . . . . . . . . . . . . . . . 7b b 150 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . С 7c 31 8 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . . . . . 9 31,961

Professional fees and other payments to independent contractors . . . . . .

Other expenses (describe in Schedule O) .See Schedule O, Statement 1 . . . . . . .

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

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

Salaries, other compensation, and employee benefits . . . . . . . .

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

Benefits paid to or for members . . . . . . .

0

0

1.024

1,057

7,298

9,620

22,341

22,341

241

0

0

0

10

11

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Form 990-EZ (2022) Page **2** 

	Balance Sheets (see the instructions t	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part II		<u>.</u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			0	22	21,629
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O) See.Sche	edule O, Statement 2.		0	24	712
25	Total assets			0	25	22,341
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column			0	27	22,341
Par	III Statement of Program Service Accom	plishments (see th	e instructions for F	art III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part III 🗌		Expenses
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 3			quired for section (c)(3) and 501(c)(4)
Dasc	ribe the organization's program service accomplis	shments for each of	ite three largest n	rogram services	1	anizations; optional for
	easured by expenses. In a clear and concise m					ers.)
	ons benefited, and other relevant information for ea		p. 01.1.000	,		
28	Warrior Yoga Classes - Provide accessible yoga and	meditation classes t	o veterans, service m	nembers, first		1
	responders and their families. Classes will be free at					
		<u></u>	<u>- P</u>			
	(Grants \$ 17,500) If this amount	includes foreign gra	nts. check here		28a	3,114
29	Tailored Programs - Create tailored yoga programs s					3,111
	their families for organizations					
	their families for organizations.					
	(Grants \$ 0) If this amount	includes foreign gra	nts check here		<b>29</b> a	a 279
30	Community Benefit Yoga - Help to bridge the gap be				200	217
00	as a way to build community between Warriors and		those who serve and	u utilize yoga		
	as a way to build community between warriors and t	JIVIIIdi 15.				
	(Grants \$ 0) If this amount	includes foreign gra	nte check here		30a	144
21	Other program services (describe in Schedule O)				302	1 144
31		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t				32	
Pari						5/55:
Гап		Employees (list each	i one even ii not comi	Jensaleu – See ine n	ารเกน	Clions for Part IV)
	Check if the organization used Schedule	O to respond to an				
	Check if the organization used Schedule	O to respond to ar	ny question in this l			
	Check if the organization used Schedule	·	ny question in this i	Part IV	<u>.                                    </u>	. <u> </u>
	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	y question in this l (c) Reportable compensation (Forms W-2/1099-MISC/	Part IV (d) Health benefits, contributions to employ	ee (e)	) Estimated amount of
	<u> </u>	·	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	Part IV	ee <b>(e</b> )	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	Part IV	ee <b>(e</b> )	) Estimated amount of other compensation
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	Part IV	ee <b>(e</b> )	) Estimated amount of
Pres	(a) Name and title en Turner ident	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV		) Estimated amount of other compensation
Pres Step	(a) Name and title en Turner ident hanie McCabe	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	Part IV	ee <b>(e</b> )	) Estimated amount of other compensation
Pres Step Trea	(a) Name and title en Turner ident hanie McCabe surer	(b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV		) Estimated amount of other compensation  0
Pres Step Treas Keith	(a) Name and title en Turner ident hanie McCabe surer	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV		) Estimated amount of other compensation
Pres Step Treas Keith Secr	(a) Name and title en Turner ident hanie McCabe surer in Rovinelli etary	(b) Average hours per week devoted to position  20.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV	0 0	) Estimated amount of other compensation  0  0
Pres Step Treas Keith Secre Dana	(a) Name and title en Turner ident hanie McCabe surer n Rovinelli etary	(b) Average hours per week devoted to position 20.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV		) Estimated amount of other compensation  0
Pres Step Treas Keith Secr	(a) Name and title en Turner ident hanie McCabe surer n Rovinelli etary	(b) Average hours per week devoted to position  20.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV	0 0	) Estimated amount of other compensation  0  0
Pres Step Treas Keith Secre Dana	(a) Name and title en Turner ident hanie McCabe surer n Rovinelli etary	(b) Average hours per week devoted to position  20.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV	0 0	) Estimated amount of other compensation  0  0
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Pres Step Treas Keith Secre Dana	(a) Name and title en Turner ident hanie McCabe surer n Rovinelli etary	(b) Average hours per week devoted to position  20.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV	0 0	) Estimated amount of other compensation  0  0
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Pres Step Treas Keith Secre Dana	(a) Name and title en Turner ident hanie McCabe surer n Rovinelli etary	(b) Average hours per week devoted to position  20.00  1.00	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	Part IV	0 0	) Estimated amount of other compensation  0  0

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Fart v.) Offects if the organization used Schedule O to respond to any question in this	o i ait	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	163	<b>1</b>
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		~
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	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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	35c		~
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 $\ldots \ldots \ldots \ldots \ldots \ldots$	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
<b>L</b>	section 4911:0; section 4912:0; section 4955:0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	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		~
С	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:  MA			
42a	The organization's books are in care of: Lauren Turner Telephone no.	508-38	0-7202	2
	Located at: 26 Spruce St, Framingham, MA 01701 ZIP + 4	01		
b	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)? If "Yes," enter the name of the foreign country:	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<b>'</b>
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			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
b	completed instead of Form 990-EZ	44a		~
	completed instead of Form 990-EZ	44b		~
	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
150	explanation in Schedule O	44d		~
45a b	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	45h		<b>V</b>

Form 99	0-EZ (2	022)								Р	age 4
46		ne organization engage, directly or in								Yes	
Part '	VI	ndidates for public office? If "Yes," of Section 501(c)(3) Organizations	s Only						46		<b>✓</b>
		All section 501(c)(3) organization 50 and 51.					nplete th	e table	es to	r line	es 
		Check if the organization used Scl	nedule O to respond	I to any question i	n this P	art VI			-		
47		he organization engage in lobbying  If "Yes," complete Schedule C, Par		section 501(h) elec		effect d	uring the			Yes	No
40	-	organization a school as described in				dula E		-	47 48		~
48 49a		ne organization make any transfers to							40 19a		~
b		es," was the related organization a se		_					19b		
50		plete this table for the organization's								s an	d ke
		oyees) who each received more than									<u></u>
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS 1099-NEC)	cont		o employee nd deferred	(e) Esti		d amou pensati	
None				1000 1120/							
140110											
f	Total	number of other employees paid ov	er \$100,000								
51	Com	plete this table for the organization',000 of compensation from the organ	s five highest compe	ensated independe	ent cont	ractors	who each	recei	/ed	more	thar
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service		(c)	Compe	nsatio	n n	
None											
				-							
				-							
				-							
	Total	number of other independent contra	ectors each receiving	Over \$100,000							
52		the organization complete Schedu	_		· ·aanizat	ione m	uct attack				
JZ		bleted Schedule A	ile A! Note. All se		yarıızar 			ı а . Г	Yes	□ r	No
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	ying schedules and stat	ements, a	nd to the I					
		d complete. Declaration of preparer (other than									
Sign		Signature of officer				Date					
Here		Type or print name and title									
Paid		Print/Type preparer's name	Preparer's signature		Date		Check _	if PT	īN		
Prepa	arer						self-emplo	- 1			
Use (		Firm's name				Firm'	s EIN				
May +h	a IDS	discuss this return with the prepare	r shown above? See	instructions		Phon	e no.		V		No.
ו עומע וו	1C 1LJ . J	viavuaa iiia ieiuiii wiili lile oreoarei	SHOWING COVE! SHE	manucions				. 1 1 1		1 1 1	41)

## SCHEDULE A (Form 990)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

2022 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Employer identification number

	ior within Yoga Project inc					92-04		
Par	t I Reason for Public Cha	rity Status. (All	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The c	organization is not a private founda	ation because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)		
1	A church, convention of church					0(b)(1)(A)(i).		
2	☐ A school described in <b>section</b>	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)			
3	☐ A hospital or a cooperative ho							
4	A medical research organization hospital's name, city, and state	o.						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit	described in
6 7	☐ A federal, state, or local gover  ✓ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the g	eneral public
8	☐ A community trust described i			Part II.)				
9	An agricultural research organ or university or a non-land-grauniversity:	ization described	d in <b>section 170(b)(1)</b>	<b>(A)(ix)</b> op				
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and uni	nctions, subject to ce related business taxal	rtain exc ble incon	eptions; a ne (less se	and (2) no more than ection 511 tax) from	331/39	% of its
11	An organization organized and		•		•	•		
12	☐ An organization organized and	-	-	-			out th	e purposes of
	one or more publicly supported the box on lines 12a through 12							
а	☐ <b>Type I.</b> A supporting orgar the supported organization supporting organization. <b>Y</b>	n(s) the power to	regularly appoint or e	lect a ma	ijority of t			
b	☐ <b>Type II.</b> A supporting orga							
	control or management of organization(s). You must	complete Part I	V, Sections A and C					
С	Type III functionally integ its supported organization						ally inte	egrated with,
d	☐ Type III non-functionally that is not functionally inte requirement (see instructionally interequirement)	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an		
е	Check this box if the organ functionally integrated, or						e II, Ty <sub>l</sub>	oe III
f	Enter the number of supported							
g		n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	othe	Amount of support (see structions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) **(b)** 2019 (a) 2018 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 0 0 0 0 29,819 29,819 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 0 **Total.** Add lines 1 through 3 4 0 0 0 0 29,819 29,819 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 29,819 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 . . . . . . 0 0 0 0 29,819 29,819 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 29,819 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 4.122 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . % Public support percentage from 2021 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 % 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

Schedule A (Form 990) 2022 Page **3** 

### 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					,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
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	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	I	1		
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
	•						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
0 1:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10 1 (f)		45	0/
15 16	Public support percentage for 2022 (line a Public support percentage from 2021 Scl		-				<u>%</u> %
16 Secti	on D. Computation of Investment In					16	70
17	Investment income percentage for 2022 (			ov line 13 colu	ımn (f\)	17	%
18	Investment income percentage for 2022 (			-			
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2022. If the organ						
·Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2021. If the organiz	_	-	-		=	_
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	_	_	•	· · · · · · · · · · · · · · · · · · ·		

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of 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.)

### Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> 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 lines 3b and 3c 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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5а	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	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.	9с		
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.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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 on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. 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 instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

Schedule A (Form 990) 2022

	Tune III New Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage <b>C</b>
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ <del>_</del> _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 . . . . . From 2018 **c** From 2019 **d** From 2020 . . . . . **e** From 2021 . . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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.)

# SCHEDULE O (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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization	Employer identification number
Warrior Within Yoga Project Inc	92-0435960
	72-0433700
Form 990-EZ, Part I, Line 8 - \$8 Interest earned	

Schedule O, Statement 1

Warrior Within Yoga Project Inc

Form: **Form 990-EZ (2022)** EIN: **92-0435960** 

Page: 1

Part I, Line 16

### Other Expenses Structured Explanation

Description	Amount
Admin expenses	1,895
Payroll Taxes	256
Props and Equip	218
Supplies	290
Depreciation	89
Advertising and Marketing	1,781
Uniforms	340
Insurance	984
Office Exp	1,078
Training	367
Total:	7,298

Form: Form 990-EZ (2022)	EIN: <b>92-0435960</b>
Page: <b>2</b>	Part II, Line 24
Other Assets Structure	ed Explanation
Description	EOY Amount
Fixed Assets	712
Total:	712

Warrior Within Yoga Project Inc

Schedule O, Statement 2

Schedule O, Statement 3 Warrior Within Yoga Project Inc

Form: Form 990-EZ (2022)

Page: 2

EIN: 92-0435960

Part III

### **Primary Exempt Purpose**

### **Primary Exempt Purpose**

Warrior Within Yoga Project Inc provides free trauma informed and adaptive yoga services to veterans, sservice members, first responders and their families to support wellbeing and mental health.