	OMB No. 1545-0047
rm Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce	ept private foundations)
Do not enter social security numbers on this form as it may be m	
rnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest info	
For the 2020 calendar year, or tax year beginning and ending	
Check if applicable: C Name of organization	D Employer identification number
Address change	
Name change Doing business as	
Initial	ite E Telephone number
Final return/	
termin- ated City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$
Amended return Applica	H(a) Is this a group return
Applica- tion pending	for subordinates? ~~ Yes No
	H(b) Are all subordinates included? Yes No
	If "No," attach a list. See instructions
Website: Image: Comportation Trust Association Other L Yes	H(c) Group exemption number ar of formation: M State of legal domicile:
Form of organization: Corporation Trust Association Other L Ye	ar of formation: M State of legal domicile:
1 Briefly describe the organization's mission or most significant activities:	
 Check this box if the organization discontinued its operations or disposed of mor Number of voting members of the governing body (Part VI, line 1a) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2 Check this box i if the organization discontinued its operations or disposed of mor	
3 Number of voting members of the governing body (Part VI, line 1a)	
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	
 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) ~~~~~~~ 6 Total number of volunteers (estimate if necessary) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b
Contributions and exercise (Dert.) (III. line (b))	Prior Year Current Year
8 Contributions and grants (Part VIII, line 1h) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
9 Program service revenue (Part VIII, line 2g)	
12	
13	
15	
16a - b !	
18	
	Beginning of Current Year End of Year
20 21 22	
Ĩ 22	
der penalties of perjury, I declare that I have examined this return, including accompanying schedu	los and statements, and to the best of my knowledge
e, correct, and complete. Declaration of preparer (other than officer) is based on all information of v	

Sign Here	Signature of officer			Date	<u>;</u>		
TIELE	Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Preparer	Firm's name	•		Firm	's EIN		
Use Only	Firm's address						
				Pho	ne no.		
						Voc	No

	1990 (2020) I hink Small 41-1260	581	P	age 3
Pa	t 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe during the tax year? If "Yes," complete Schedule C, Part II	ct 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			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, Par			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 Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		
	complete Schedule G, Part III	19		
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<u>20b</u>		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Form 990 (2020)

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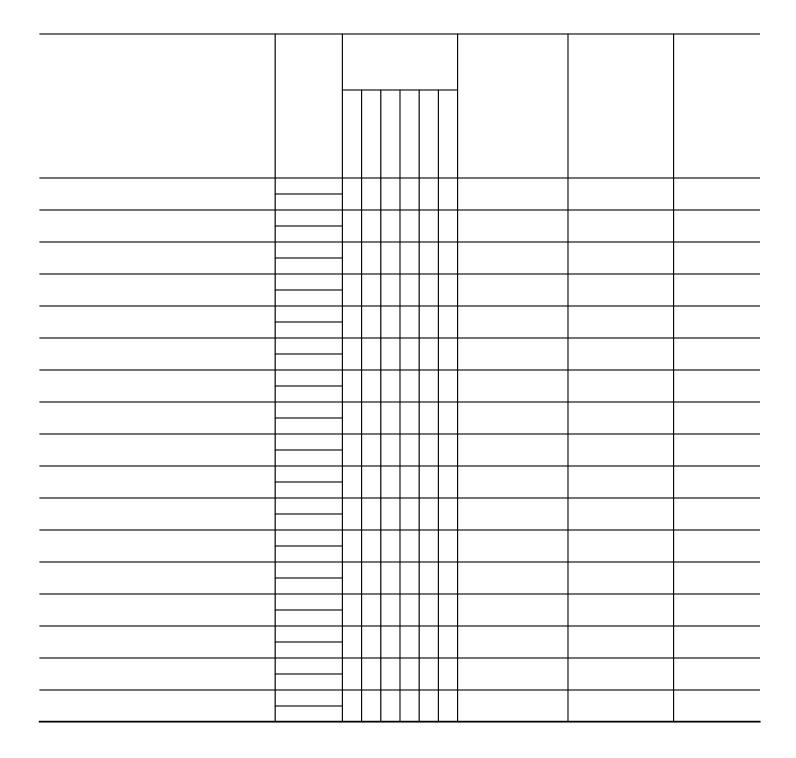
Form	990 (2020) Think Small 41-126058	1	Р	age 4
	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	0.4-		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
0	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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	Х	
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
54	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O •••••••••••••••••••••••••••••••••••	38	_ ^	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 300	-		
	Enter the number of Forms W-2G included in line 1a. Enter -o- in not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? ------

1c

						Yes	No
2a							
24				2a			
b				20	2b		
D	Nata				20		
•	Note:						
3a					<u>3a</u>		
b					<u>3b</u>		
4a							
					4a		
b							
5a					5a		
b					5b		
С					5c		
6a							
υa					6a		
h.					0a		
b							
					6b		
7	Organizations that r	may receive deductible contribu	utions under section 170(c).				
а					7a		L
b					7b		
С							
					7c		
d				7d			
e					7e		
f					70 7f		
g					7g		
h					7h		
8							
					8		
9							
					9a		
					9b		
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11				LI			
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15							ĺ
16							





Form 990 (2020) Think Small									41-126	0581		Pa	age 8
Part VII Section A. Officers, Directors, Trustee	s, Key Employ	/ees	, an	d Hio	ghes	st Co	omp	pensated Employees	(continued)				
(A)	(B)			(0	-			(D)	(E)			(F)	
Name and title	Average	(do		Posi	ition		one	Reportable	Reportable		Es	stimate	ed
	hours per	box,	unles	ss per d a di	son i	s both	n an	compensation	compensatio	n	an	nount	of
	week	direc	er an	a a a	recio		,	from	from related			other	
	(list any hours for	ord	ø			ated		the	organization			pensa	
	related	stee	truste		Ð	suac		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anizat	
	organizations	Individual trustee	nal ti		Key employee	e oul		(00-2/1099-00130)			-	d relat	
	below	/idua	Institutional	er	emp	loye	ner					anizati	
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former						
(18) Marilyn Burnett	1.00												
Director		X						0.		0.			0.
(19) Megan Gunnar	1.00												
Director		X						0.		0.			0.
(20) Tracy Nordstrom	1.00												
Director		X						0.		0.			0.
(21) Trent Tucker	1.00							-		-			-
Director		X						0.		0.			0.
(22) Weston Merrick	1.00							0.		•.			0.
Director	1.00	x						0.		0.			0.
(23) Yolanda J. Majors	1.00	~						0.		0.			0.
Director	1.00	х						0.		0.			0.
Director		^						0.		0.			0.
								692,384.		0.	105	5,246	
1b Subtotal								0.0000		0.	100	,240	0.
c Total from continuation sheets to Part VII, S		~~~	~~~	~~~				692,384.		0.	105	5,246	
d Total (add lines 1b and 1c)										0.	100	<i>,</i> 240	•
2 Total number of individuals (including but no	ot limited to the	se l	istec	labo	ove)	who	o re	ceived more than \$100,0	000 of reportable				5
compensation from the organization												Ma a	
										1		Yes	No
3 Did the organization list any former officer,									oyee on				
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	oth	er compensation from th	e organization			v	
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a									lual for services				
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	ers	on .	••••	•••••			5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con	npensated inde	eper	nden	t cor	ntra	ctors	s tha	at received more than \$7	00,000 of compe	ensatio	on fror	n	
the organization. Report compensation for the	<u>ne calendar ye</u>	ear e	ndin	<u>g wi</u>	<u>th o</u>	r wit	hin	the organization's tax ye	ear.				
(A)								(B)			(0		
Name and business	address							Description of s	ervices	C	ompe	nsatio	n
Mytech Partners, Inc.													
300 2nd Street NW, New Brighton, MN	55112							IT Support			310),202	•
Versa Press, Inc.								Printing & Binding					
1465 Spring Bay Road, East Peoria, IL	51611							Books			233	3,443	•
The Dingley Press, Inc.								Redleaf Press					
CL 300028, Lewiston, ME 04243-9596								Mailings			159	9,749	•
2 Total number of independent contractors (in	cluding but no	t lim	ited	to th	nose	liste	ed a	above) who received mo	re than				
\$100.000 of compensation from the organiz	-	-			3		-	,					

\$100,000 (of compensation	from the	organization	

		(A)	(B)	(C)	(D)
		(A)	(B)	(0)	(D)
1 a 1					
b 1					
c					
d 1					
e <u>1</u>					
f					
1					
Noncash contributions included in lines 1a-1f					
	Business Code				
	├ ──── ↓				
	├ ──── ├				
	L				
	<u> </u>				
	<u> </u>				
	────				
	Business Code				
	├ ──── ↓				
	├ ──── ├				
	├ ──── ├				
	L				

Form	n 990 (Think Small				Page 11
	rt X	Balance Sheet				-
		Check if Schedule O contains a response or not	e to any line in this Part X •••••••			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing ~~~~~~~~~	-~~~~~		1	
	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 of				
		trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons describe			6	
ts	7	Notes and loans receivable, net ~~~~~~~			7	
Assets	8	Inventories for sale or use ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			8	
Ř	9	Prepaid expenses and deferred charges ~~~~	~~~~~		9	
	10a	Land, buildings, and equipment: cost or other				
		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, line	11 ~~~~~		12	
	13	Investments - program-related. See Part IV, line	11 ~~~~~		13	
	14	Intangible assets ~~~~~~~~~~~~~~~~~	~~~~~		14	
	15	Other assets. See Part IV, line 11 ~~~~~~~	~~~~~~		15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 33) ••••••		16	
	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. Complete I	Part IV of Schedule D ~~~~		21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subs				
Liat		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
~		Organizations that follow FASB ASC 958, check	chere			
JCes	07	and complete lines 27, 28, 32, and 33.			07	
alar	27	Net assets without donor restrictions ~~~~~~			27	
ğ	28	Net assets with donor restrictions ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			28	
Ľ		Organizations that do not follow FASB ASC 958	, cneck nere			
or F		and complete lines 29 through 33.			00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
Assı	30	Paid-in or capital surplus, or land, building, or ed			30	
let /	31	Retained earnings, endowment, accumulated in			31	
2	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances •			<u>32</u> 33	
	133	TOTAL HADIIITIES AND HEL ASSELS/TUND DAIANCES		1	1 33	

Form 990 (2020)

Form	1 990 (2020) Think Small	41-12	260581	Pa	ae 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	26,632,		
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2	26,515,		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,218	<i>i</i> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~~~~	4	3,195		
5	Net unrealized gains (losses) on investments	5	19	9,213	j.
6	Donated services and use of facilities	6			
7	Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7			
8	Prior period adjustments	8	92	0,000).
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,				
	<u>column (B))</u> •••••••••••••••••••••••••••••••••••	10	4,432	,244.	
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	~~~~	<u>2a</u>		X
	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?	-	<u>2b</u>	X	
	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:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?	~~~	<u>2c</u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits. explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form 990 (2020)

SCHEDULE A F (Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

Public Charity Status and Public	c Support
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OMB No. 1545-0047
2020
Open to Public Inspection

| Attach to Form 990 or Form 990-EZ. | Go to www.irs.gov/Form990 for instructions and the latest information.

Nam	Name of the organization Employer identification number								
De		Think S		(1-1260581
Pa		Reason for Public Cl		(All organizations must c			ee instruction	S.	
	orgar	nization is not a private found		-	-				
1		A church, convention of chu)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative						-	
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectior	170(b)(1)(A) ו	(iii). Enter	the hospital's name,
5		city, and state: An organization operated fo		lege or university owned	or operate	ed by a go	vernmental ur	nit describe	d in
		section 170(b)(1)(A)(iv). (C							
6	Х	A federal, state, or local gov	-						
7	Λ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust described		1)(A)(vi). (Complete Par	t .)				
9		An agricultural research org				ed in coniu	nction with a	land-grant	college
		or university or a non-land-ç				-		-	-
		university:							
10		An organization that normal activities related to its exem	•						•
		income and unrelated busin See section 509(a)(2). (Cor		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
11		An organization organized a	• •	velv to test for public saf	etv. See	section 50	9(a)(4).		
12		An organization organized a	•	• •	•			ry out the p	urposes of one or
		more publicly supported org	•	•	•			•	•
		lines 12a through 12d that c	describes the type of	supporting organization	and comp	lete lines 1	12e, 12f, and	12g.	
а		Type I. A supporting orga	nization operated, su	upervised, or controlled b	by its supp	orted orga	nization(s), ty	pically by g	iving
		the supported organizatio	n(s) the power to reg	gularly appoint or elect a	majority of	f the direct	tors or trustee	es of the su	oporting
		organization. You must co	omplete Part IV, Sec	tions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connecti	on with its	supported	l organization	(s), by havi	ng
		control or management of	f the supporting orga	nization vested in the sa	me persor	is that con	trol or manag	e the supp	orted
		organization(s). You must	complete Part IV, S	ections A and C.					
С		Type III functionally integr						y integrated	l with,
		its supported organization		· ·					
d		Type III non-functionally in	•	•••				-	. ,
		that is not functionally inte	• •	• •	•	•	uirement and	an attentive	eness
		requirement (see instructi							
е		Check this box if the orga					Type I, Type I	II, Type III	
,		functionally integrated, or		, , ,	0 0	ation.			
T		er the number of supported o	0		~~~~~~	~~~~~			
<u> </u>		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the or	ganization lis	edv) Amount of	monetarv	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	ning docume No	nt? / support (see ir	nstructions)	support (see instructions)
Tota									

(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.)

Cale	endar year (or fiscal year beginning i <code>n)</code>	<u>(a) 2016</u>	(b) 2017	(c) 2018	(d) 2019	<u>(e) 2020</u>	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") ~~						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge ~						
4	Total. Add lines 1 through 3 ~~~						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f) ~~~~~~~~						
6	Public support. Subtract line 5 from line 4.						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4 ~~~~~		(,,, = ,	(5) = 5 + 5		(1) = = = =	()
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	Gross receipts from related activities,		ons) ~~~~~~~	.~~~~~~~~~	~	12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax y	vear as a section 50	01(c)(3)	
	organization. check this box and stop	here ••••••					I
	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11,	column (f)) ~~~~~	~~~~~	14	
15	00 1/00/ ··· · 0000					15	
168	a 33 1/3% support test - 2020.						
	stop here.						
b	33 1/3% support test - 2019.						
	stop here.						
178	a 10% -facts-and-circumstances test - 2	.020.		atan ha			
				stop he	ie.		
b	0 10% -facts-and-circumstances test - 2	019.					
				s	top here.		

18 Private foundation.

Schedule A (Form 990 or 990-EZ) 2020

(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.)

Calendar year (or fiscal year beginning in)	<u>(a)</u> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
2						
2						
3						
4						
4						
5						
0						
6 Total.						
7a						
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						
8 Public support. (Subtract line 7c from line 6)					
		1	1	1	1	1
Calendar year (or fiscal year beginning in)	<u>(a)</u>	(b)	(c)	(d)	(e)	(f)
9						
10a						
				+		
b Unrelated business taxable income						
(less section 511 taxes) from busines acquired after June 30, 1975	ses					
с 11						
12						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First 5 years.		•		-	•	
stop here						
· ·						
15					15	
16					16	
17 20)20				17	
18	2019				18	
19a 33 1/3% support tests - 2020.						
	stop here.					
b 33 1/3% support tests - 2019.						
	S	stop here.				
20 Private foundation.						

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

1			Yes No
I	Part VI		
0		1	
2	Part VI		
		2	
3a		3a	
b			
		3b	
с			
		<u>3c</u>	
4a		4a	
b			
		4b	
с			
		4c	
5a			
b		<u>5a</u>	
		5b	
с 6		<u> 5c </u>	
0			
		6	
7			
		7	
8			
9		8	
		<u>9a</u>	
		9b	
10		<u>9c</u>	
		<u>10a</u>	
		10b	

Schedule A	(Form	990 or	990-EZ) 2020

Page 5

			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and				
a		44.5			
	11c below, the governing body of a supported organization?	11a			
	A family member of a person described in line 11a above?	11b			
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	detail in Part VI.	11c			
			Yes	No	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110	
1	more supported organizations have the power to regularly appoint or elect at least a maj f7254 controlled Tm (these activities r	nemberg	offile	10 518	2 00 Tm (
	If "No," describe in Part VI how the supported organization(s)	nembera		10 510	5.00 mm
	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			
2					
	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			
			Yes	No	
1					
	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).				
	the supported organization(s).				
			Yes	No	
1					
		1			
~		1			
2	If "Ne " evelope in a set we have				
	If "No," explain in Part VI how				
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3					
	If "Yes," describe in Part VI the role the organization's				
	supported organizations played in this regard.	3			
		5			
	Obselvation between the description of the environment of the sector of the lateral Dest Test during the user				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
а	Complete line 2 below.				
b	Complete _{line 3} below.				
с	Describe in Part VI how you supported a governmental entity (see in	structior	s).		
2	Answer lines 2a and 2b below.		Yes	No	
a					
u	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					
-	If "Yes," explain in				
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in				
		0'			
	these activities but for the organization's involvement.	2b			
3	Answer lines 3a and 3b below.				
а					
	If "Yes" or "No" provide details in Part VI.	3a			
b					
~	If "Yes," describe in Part VI the role played by the organization in this regard.	3b			

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970(explain in I	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
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 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		
6 Multiply line 5 by 0.035.	7		
Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)	8		
8 Minimum Asset Amount (add line 7 to line 6)			
Section 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-functiona	lly integrate	ed Type III supporting orga	nization (see
instructions)			

instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Think Small



Schedule A	(Form 990 or 990-EZ) 2020 Think Small	41-1260581	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of 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 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section t V, Section B, line 1e; I	-

Attach to Form 990, Form 990-EZ, or Form 990-PF.Go to www.irs.gov/Form990 for the latest information.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
			Noncash
			-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
			- Noncash
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
			Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
			Payroll
			- Noncash
(a)	(b)		
No.	Name, address, and ZIP + 4		
			-
			-

Employer	identification	number
----------	----------------	--------

(a) No. from Part I	(c)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of or	ganization		E	mployer identification number
Think Sm	nall			41-1260581
Part III	Exclusively religious, charitable, etc., contributions t from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ct Use duplicate copies of Part III if additional sp	through (e) and the following line en naritable, etc., contributions of \$1,000 or	try. For organizations	nore than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, and	ZIP + 4	Relationship of transfe	eror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transfe	eror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transfe	eror to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4	Relationship of transfe	eror to transferee

(Form 990 or 990-EZ) Dependent die Travery Der Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete die organizations Exempt From Income Tax Under section 501(c) and section 527 Complete die organizations Exempt From Income Tax Under section 501(c) and section 527 Dependent die Travery If the organization answerde "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then V Section 501(c)(0) organizations: Complete Part I-A and B. Do not complete Part I-B. V Section 501(c)(0) organizations: Complete Part I-N. Only. If the organization answerde "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part V, line 47 (Lobbying Activities), then V Section 501(c)(0) organizations that have NDT filed Form 5786 (election under section 501(n)): Complete Part I-B. Do not complete Part I-B. V Section 501(c)(0), organizations that have NDT filed Form 5786 (election under section 501(n)): Complete Part I-B. Do not complete Part II-B. V Section 501(c)(1), G), or (G) companizations: Complete Part III. Name of organization answerde "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 32 (Proxy Tax) (See	SCHEDULE C	Pc	olitical Campaign an	d Lobbying A	Activities		OMB No. 1545-0047
Department of the Treasury Internation drive to the Treasury Internation J Complete if the organization is described below. J Attach to Form 990-EZ. (Do to wow its gov/Form930 for instructions and the latest information. Open to Public Impediation If the organization answered "Ves," on Form 990, PA II V, line 3, or Form 990, PA II V, line 3, or Form 990, PA II V, line 3, or Form 990, PA II V, line 4, or Form 990, PA II V, line 5 (Proxy Tax) (See separate instructions) or Form 990, PA II V, line 5 (Proxy Tax) (See separate instructions), then	(Form 990 or 990-EZ)						2020
Y Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Y Section 501(c) (after than section 501(c)(3)) organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990. Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Y Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Y Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Y Section 501(c)(4), (5), or (6) organizations: Complete Part II. Y Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization in swered "Yes," on Form 990. Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ. Part V, line 35c (Proxy Xas (See separate instructions), then Y Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Think Small Employer identification number 41-1260581 Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization. Portide a description of the organization is exempt under section 4955		J Complete	if the organization is described bel	ow. J Attach to	Form 990 or Form 9	90-EZ.	
Y Section 501(c) (other than section 501(c)(3)) organizations: Complete Part I-A only. Y Section 527 organizations: Complete Part I-A only. If the organization answered "Ves", on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Y Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Y Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Ves", on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35C (Proxy Tax) (See separate instructions), then Y Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Think Small Think Small Think Small Think Small Think Small Political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities in Part IV. 2 Political campaign activity expenditures Ves motor of any excise tax incurred by the organization under section 4955 Section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 Section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization number section 4955 Section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization for section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization for section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization for section 527 exempt function activities Section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization for section 527 exempt function activities	-				(Political Campaign	Activitie	s), then
Y Section 527 organizations: Complete Part I-A only. If the organization answered "Ves," on Form 990. Part IV, line 4, or Form 990-EZ, Part VI, line 470 (Lobbying Activities), then Y Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Ves," on Form 990. Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then Y Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name of organization Think Small Employer identification number 41-1260581 Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization. I Provide a description of the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by organization managers under section 4955		-					
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Y Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. On ot complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then Y Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name of organization Think Small Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization. Part I-B Complete If the organization is exempt under section 501(c)(3). There the amount of any excise tax incurred by the organization mader section 501(c)(3). There the amount of any excise tax incurred by the organization maders extin 501(c)(G). There the amount of any excise tax incurred by the organization maders extin 501(c)(G). There the amount of any excise tax incurred by the organization maders extin 501(c)(G). There the amount of extinction subject and till Form 4720 for this year? Yes No b If "Yes," section 501(c)(C). Total exempt function activities amount of the organization is exempt under section 501(c)(G). There the amount of the organization is exempt under section 501(c), except section 501(c)(3). There the amount of the filling organization is exempt under section 501(c), except section 501(c)(3). There the amount of the filling organization is exempt under section 501(c), except section 501(c)(3). There the amount of the filling organization is exempt under section 527 organizations to which the filling organization funds contributed to other organizations for section 527 exempt function activities				Parts I-A and C below.	. Do not complete Pa	art I-B.	
¥ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. W Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 900, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 90-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 90-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then ¥ Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Think Small Employer identification number 41-1260581 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955	•		•	90-EZ, Part VI, line 47	(Lobbying Activities), then	
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then	-						nplete Part II-B.
Tax) (See separate instructions), then ¥ Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 41-1260581 Part I-A Complete if the organization's direct and indirect political campaign activities in Part IV. S		-					
¥ Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 411-1260581 Part I-A Complete if the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures J \$ Younder hours for political campaign activities J \$ Part I-B Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by the organization managers under section 4955 J \$ 3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities J \$ 2 Enter the amount of the filing organization's funds contributed to other organization's for section 527 S 2 Enter the amount of the filing organization's funds contributed to other organization's funds. Also enter the amount of the filing organization's funds, enter the amount of the filing organization is under contributed's expend	-		orm 990, Part IV, line 5 (Proxy Tax	x) (See separate instru	uctions) or Form 990-	-EZ, Par	t V, line 35c (Proxy
Think Small 41-1260581 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities 4 Inter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did if tile Form 4720 for this year? 4 Yes 4 Was a correction made? 4 Yes 4 Yes 4 Yes 4 Was a correction made? 4 Yes 4 Was a correction made? 5	, , ,	,	ations: Complete Part III.				
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 2 Political campaign activity expenditures	Name of organization					Employ	
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures							
2 Political campaign activity expenditures J \$ 3 Volunteer hours for political campaign activities	Part I-A Comple	ete if the orga	nization is exempt under se	ection 501(c) or is	a section 527 of	ganiza	ation.
2 Political campaign activity expenditures J \$ 3 Volunteer hours for political campaign activities	1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 J 2 Enter the amount of any excise tax incurred by organization managers under section 4955 J 3 If the organization incurred a section 4955 tax, did if life Form 4720 for this year? J 4 Was a correction made? Yes 0 If the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities J 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities J \$						J \$_	
1 Enter the amount of any excise tax incurred by the organization under section 4955 J 2 Enter the amount of any excise tax incurred by organization managers under section 4955 J 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities J	3 Volunteer hours for	political campai	gn activities ~~~~~~~~~~~	~~~~~~		-	
1 Enter the amount of any excise tax incurred by the organization under section 4955 J 2 Enter the amount of any excise tax incurred by organization managers under section 4955 J 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes 4a Was a correction made? Yes No 4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities J	Part I-B Comple	te if the oras	nization is exempt under se	oction $501(c)(3)$			
2 Enter the amount of any excise tax incurred by organization managers under section 4955 J	· · · · · ·					Js	
4a Was a correction made? Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities J \$							
b If "Yes." describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	3 If the organization i	ncurred a section	n 4955 tax, did it file Form 4720 fo	r this year? ~~~~~			Yes No
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities							Yes No
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities			nization is exempt under se	oction 501(c) exce	ent section 501(<u>-)(3)</u>	
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities		-					
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b J \$						Φ.Ψ.	
line 17b J \$						J \$_	
4 Did the filing organization file Form 1120-POL for this year? Yes No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0							
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.						J\$_	
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.						which t	
political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.	,			· · ·	0		0 0
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.						eparate s	segregated fund or a
filing organization's funds. If none, enter -0 political organization.	· · ·	· · /					
funds. If none, enter -0 promptly and directly delivered to a separate political organization.	(a) Name	9	(b) Address	(c) EIN			
political organization.							promptly and directly
							If none, enter -0

Schedule C (Form 990 or 990-EZ) 2020

Page 2

-					
	Check Check	expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliate is lobbying expenditures). ed box A and "limited control" provisions apply.	ed group member's nam	e, address, EIN,
<u>D</u>	CHECK	Limits on Lobby	ving Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	b Total lobb	ying expenditures to influence publi ying expenditures to influence a leg ying expenditures (add lines 1a and	islative body (direct lobbying) ~~~~~~~~		
	e f				
	If the amo	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	9 h				
	i				

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

(1111)	See the sepa	arate instructions for I	ines 2a through 2f.)		
	Lobbying Exp	enditures During 4-Ye	ear Averaging Period		
	(a)	(b)	(c)	(d)	(e)
2a					
b					
C					
d					
е					
f					

Schedule C (Form 990 or 990-EZ) 2020

j

Schedule C (Form 990 or 990-EZ) 2020

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		a)	(b)
of the			No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
	Volunteers?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ~			
С	Media advertisements? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
d	Mailings to members, legislators, or the public? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? ~~~~~~			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ~~~~			
i	Other activities? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d				

		Yes	No
1	1		
2	2		
_3	3		

1		1	
2	(do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а		2a	
b		2b	
с		2c	
3		3	
4			
		4	
_5		5	

(Form 990) Department of the Treasury Internal Revenue Service	I A	zation answered "Yes" on Forr , 11a, 11b, 11c, 11d, 11e, 11f, ttach to Form 990. for instructions and the latest in			OMB No. 1545- Open to Pu Inspection	ıblic
Name of the organization				Employer	identification nui	mber
1 2 3		(a)	(b)		
4 5 6					Yes	No

Held at the End of the Tax Year

3		
а	d	
b		
С		
4		
5		
	-	



(a)	(including name of security)	(b)	(c)	
(1)				
(2)				
(3)				
Fotal.				
(a)		(b)	(c)	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.				
	(a)			(b)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Fotal.				
	(-)			
	(a)			(b)
Fotal.				
2.				I
•				

Sche	dule D (Form 990) 2020 Think Small	41-12	260581 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	26,832,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 22a 199,213.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2e	199,213.
3	Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3	26,632,964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
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	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,632,964.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_1	26,515,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	_	
b	Prior year adjustments 2b	_	
С	Other losses 2c	_	
d	Other (Describe in Part XIII.)2d		_
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2e	0.
3	Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3	26,515,746.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	26,515,746.
Pa	rt XIII Supplemental Information.		

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

	1						OMB No. 1545-0047	
		Complete if the	organization ar	nswered "Yes" on Form 990, Part IV, lin Attach to Form 990.	e 14b, 15, or 16			
Department of the Treasury Internal Revenue Service	Intrient of the Treasury						en to Public pection	
Name of the organizat	Name of the organization Employer in							
				Comple	ete if the organiz	ation answered	"Yes" on	
		/, line 14b.						
-		-		ds to substantiate the amount of its grar he selection criteria used to award the g			Yes No	
2 For grantmakers United States.	s. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and othe	er assistance ou	tside the	
3 Activities per Re	gion. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded.)			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a progr describe s	ty listed in (d) ram service, specific type s) in the region	(f) Total expenditures for and investments in the region	
3 a Subtotal ~~~~								
b Total from contir								
sheets to Part I c Totals (add line								

and 3b) ••••••10 Tm (Inspection) Tbe 10 dures tiona2s0wrd10 Td (describe specificesz 957the orwrd10a5u1.54 555.0Y88310490 Tm (••••••. oe5u1.54 555 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2020

032072 12-03-20

<u>3 Enter total number of other organizations or entities</u>

(b) IRS code section (d) Purpose of (e) Amount (f) Manner of valuation (book, FMV, appraisal, other) (a) Name of organization (c) Region of noncash noncash and EIN (if applicable) grant of cash grant cash disbursement assistance assistance 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~~~~~~

Think Small

Schedule F (Form 990) 2020

1

41-1260581

(g) Amount of

(h) Description

Page 2

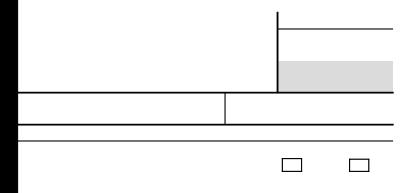
(i) Method of

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Think Small				Page 3			
Part III Grants and Other Assistance			Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.	-
Part III can be duplicated if a	dditional space is needed						1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

Schedule F	(Form 990) 2020 Think Small	41-1260581	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco	ounting method: amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ormation. See instructions.	



Schedule I (Form 990) Think Small							1-1260581 Page 2
Part II Continuation of Grants and Other As (a) Name and address of organization or government	sistance to Domes (b) EIN	tic Organizations and (c) IRC section if applicable	Domestic Governn (d) Amount of cash grant	nents (Sch (e) Amount of non-cash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOAHS ARK CHILD DEVELOPMEN	Г						

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments									
(a)									

Schedule I (Form 990) Think Small							1-1260581 Pag
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	nents (Sche	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIFFANY COLETTE ROBERTS 786 MAGNOLIA AVE E ST. PAUL, MN 55106	14-1996027		20,775.	0.			Scholarship
Hope Day Care LLC 2828 Univeristy Ave SE, Suite 125 Minneapolis, MN 55414	81-1406107		25,597.	0.			Scholarship
REDLEAF PRESS Lockbox #446079 Saint Paul, MN 55164	41-1260581	501(c)(3)	10,652.	0.			Scholarship
SD NO 2754 Attn: Jody Rose Franklin, MN 55333 CHURCH OF NEW LIFE CHRISTIAN	41-1811094		6,338.	0.			Scholarship
MINISTRIES - 8600 Bloomington Avenue South - Bloomington, MN 55425	41-1658986	501(c)(3)	39,247.	0.			Scholarship
SEWARD CHILD CARE 2323 32ND AVE S MINNEAPOLIS, MN 55406	41-1240047	501(c)(3)	7,277.	0.			Scholarship
OVE TO GROW ON 6499 LAKOTA TRL JINO LAKES, MN 55014	41-1915522	501(c)(3)	6,780.	0.			Scholarship
MI FAMILIA CHILD CARE CENTER 2855 47th Street East nver Grove Heights, MN 55076	45-5587465		34,695.	0.			Scholarship
TENDERCARE LEARNING CENTER 3040 Old Cedar Ave South STE 3			50.007				Cabalanakin
Bloomington, MN 55425	81-2330797		53,037.	0.			Scholarship

Schedule I (Form 990) Think Small						4	1-1260581 Page
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	ients (Sche	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
.ITTLE VOYAGEURS MONTESSOR NC - 825 51ST AVE NE - COLUMBI/ IEIGHTS, MN 55421		501(c)(3)	26,299.	0.			Scholarship
RAINBOW CHILD DEVELOPMENT I 605 Como Avenue Saint Paul, MN 55103	NC 41-1915967		83,229.	0.			Scholarship
NEW HORIZON CHILD CARE INC 3405 ANNAPOLIS LN N PLYMOUTH, MN 55447	41-1569865		4,951,637.	0.			Scholarship
ST DAVIDS CENTER FOR CHILD AI FAMILY DEVELOPMENT - 3395 PLY RD - MINNETONKA, MN 55305		501(c)(3)	14,737.	0.			Scholarship
CEDAR RIVERSIDE CHILD CARE C 406 Cedar Ave. South /linneapolis, MN 55454	ENTER 46-2350408		165,431.	0.			Scholarship
NAY TO GROW 201 Irving Ave N STE 100 /IINNEAPOLIS, MN 55405	71-0956749	501(c)(3)	14,889.	0.			Scholarship
FERGUS FALLS COMMUNITY CHIL CENTER - 120 W. EVERETT AVE - FERGUS FALLS, MN 56537	D CARE 41-0976144		6,510.	0.			Scholarship
MIDWEST CHILD DEVELOPMENT L 1514 Englewood Avenue St. Paul, MN 55104	LC 46-5605732		5,823.	0.			Scholarship
LAKES INTERNATION LANGUAGE / 246 11TH AVE SE FOREST LAKE, MN 55025	ACADEMY 20-0393839		11,349.	0.			Scholarship

Schedule I (Form 990) Think Small							1-1260581 Page
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	nents (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CHANCE TO GROW INC 1800 Second Street NE Minneapolis, MN 55418	41-1444113		28,253.	0.			Scholarship
SHYAM LLC 9495 Garland Lane N Maple Grove, MN 55311	47-4722027		66,990.	0.			Scholarship
PHYLLIS WHEATLEY COMMUNITY 1301 10th Avenue North Minneapolis, MN 55411	CENTER	TmnTj 1 0 0 ip67					

						1-1260581 Page
sistance to Domes	tic Organizations and	Domestic Governm	ients (Sche	edule I (Form 990), Pa	art II.)	
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
41-1671453		7,395.	0.			Scholarship
NTER 1 41-0693846	501(c)(3)	64 035	0			Scholarship
IES	501(0)(0)	04,000.				
	(b) EIN 41-1671453 NTER 41-0693846	(b) EIN (c) IRC section if applicable 41-1671453 NTER 1 41-0693846 501(c)(3)	(b) EIN(c) IRC section if applicable(d) Amount of cash grant41-16714537,395.NTER J 41-0693846501(c)(3)64,035.	(b) EIN(c) IRC section if applicable(d) Amount of cash grant(e) Amount of non-cash assistance41-16714537,395.0.NTER 41-0693846501(c)(3)64,035.0.	(b) EIN(c) IRC section if applicable(d) Amount of cash grant(e) Amount of non-cash assistance(f) Method of valuation (book, FMV, appraisal, other)41-16714537,395.0.NTER J 41-0693846501(c)(3)64,035.0.	sistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance 41-1671453 7,395. 0. 0. NTER J 41-0693846 501(c)(3) 64,035. 0.

Schedule I (Form 990) Think Small							1-1260581	Page 1
Part II Continuation of Grants and Other As (a) Nameland activess of organization or government GITY CHILD CARE CENTER LLC 023 Noollet Ave S Vinneapolis, MN 55408	(b) E N (b) E N 47-4400216	stic Organizations and	Domestic Governn (d) Ambunt of cash grant 26,000.	(e) Ambunt of Inon-cash assistance	edule I (Form 990), Pa	rt II.) (g) Descriction of nor-cash assistance	(h) Purpose or drassistand	
CORNERSTONE MONTESSORI SC 611 AMES AVE ST PAUL, MN 55106		501(c)(3)	47,165.	0.			Scholarship	/
CHURCH OF ST FRANCIS DE SALE 749 JUNO AVE <u>ST PAUL, MN 55102</u>	S 41-0721706	501(c)(3)	25,914.					

Part II				

Schedule I (Form 990) Think Small						4	1-1260581 Page 1
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governn	nents (Sch	edule I (Form 990), Pa	rt II.)	-
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CRAYON BOX CHILD CARE CI 7751 E RIVER RD 751 E R'istIVER RDSchedule I (F.35		1260581Schedul	₽ I (F.35 wj1 0	1 40.10.1-1260	581		

Schedule I (Form 990) Think Small						4	1-1260581 Page 1
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	ents (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MES AMIS FRENCH SCHOOL LLC 1430 MEADOW CT CHASKA, MN 55318	20-2554487		5,351.	0.			Scholarship
CHILDRENS DISCOVERY CHILD CA LEARNING INC - 3665 TALMAGE CI VADNAIS HEIGHTS, MN 55110			121,914.	0.			Scholarship
RACHELLE GASHO 1319 MINNEHAHA AVE W ST PAUL, MN 55104	26-1647576		7,468.	0.			Scholarship
ISD 273 - EDINA 5701 NORMANDALE RD EDINA, MN 55424	41-6001406	501(c)(3)	20,654.	0.			Scholarship
VIDEHI LARSON 6616 RIDGEVIEW DR EDINA, MN 55439	41-1782075		8,907.	0.			Scholarship
LA PETITE ACADEMY INC 32209 COLLECTION CENTER DR CHICAGO, IL 60693	43-1243221		30,333.	0.			Scholarship
URBAN LEARNING CENTER 2505 5th ave S Minneapolis, MN 55404	81-5188940		20,127.	0.			Scholarship
SPIRITUAL LIFE BIBLE COLLEGE 6865 SHINGLE CREEK PARKWAY BROOKLYN CENTER, MN 55430	20-5085101	501(c)(3)	31,797.	0.			Scholarship
LIVING CHRIST LUTHERAN CHURC 820 LAKE DR Chanhassen, MN 55317	CH 41-1340011	501(c)(3)	8,292.	0.			Scholarship

Schedule I (Form 990) Think Small							1-1260581 Page
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	nents (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOOYO CHILD CARE 3600 NICOLLET AVE S MINNEAPOLIS, MN 55409	27-5560668		36,996.	0.			Scholarship
FUTURE SCHOLARS CHILD CARE 2652 CHICAGO AVE S							
MINNEAPOLIS, MN 55407	82-1735342		12,940.	0.			Scholarship
LIBAN CHILD CARE CENTER INC 3504 SNELLING AVE S MINNEAPOLIS, MN 55406	46-1491030		5,956.	0.			Scholarship

Schedule I (Form 990) Think Small						4	1-1260581 Page 1
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	ents (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA CHILD CARE CENTER 312 West Lake Street Minneapolis, MN 55408	46-5432100		17,564.	0.			Scholarship
RICHFIELD EVANGELICAL LUTHER CHURCH - 8 W 60TH ST - MINNEAPOLIS, MN 55419	AN 41-0693948	501(c)(3)	31,615.	0.			Scholarship
PILLSBURY UNITED COMMUNITIES 3501 CHICAGO AVE S MINNEAPOLIS, MN 55407	41-0916478	501(c)(3)	44,282.	0.			Scholarship
MILLENNIUM LEARNING CENTER I Maple Knoll Way - 13961 Maple Knoll Way - Maple Grove, MN 55369			38,942.	0.			Scholarship
ANGELS LEARNING CENTER LLC 7624 BROOKLYN BLVD BROOKLYN PARK, MN 55443	45-3984850		51,001.	0.			Scholarship
MONTESSORI LEARNING LLC 1500 EDGEWOOD BLVD NORTH MANKATO, MN 56003	47-3568862		9,788.	0.			Scholarship
JAIN ENTERPRISES 10210 Lancaster Lane North Maple Grove, MN 55369	04-3775230		30,900.	0.			Scholarship
ST JOHN THE BAPTIST CATHOLIC CHURCH & SCHOOL - 835 2nd Aver Northwest - New Brighton, MN 55112		501(c)(3)	13,639.	0.			Scholarship
ANEW DIMENSION CHILD ENRICHI CENTER - 1819 MINNEHAHA AVE S MINNEAPOLIS, MN 55404		501(c)(3)	97,313.	0.			Scholarship

Schedule I (Form 990) Think Small						4	1-1260581 Pag
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	ients (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
S SBS SOUTHDALE LLC 355 N Hwy 169 Ilymouth, MN 55442	81-4218249		26,085.	0.			Scholarship
Christ Evangelical Lutheran Church 2962 Vickers Street Northeast Cambridge, MN 55008	41-1292893	501(c)(3)	6,189.	0.			Scholarship
ALEXANDRA GOLOVKO 370 E Arlington Avenue East Saint Paul, MN 55106	47-2819759		6,151.	0.			Scholarship
CASA DE CORAZON INC 3251 Elm Creek Boulevard North Maple Grove, MN 55369	26-2862666		39,892.	0.			Scholarship
SD 270 - HOPKINS ATTN: LIZ HINDS 125 MONROE AVI HOPKINS, MN 55343	E S 41-6008248	501(c)(3)	12,046.	0.			Scholarship
SMILING FACES ACADEMY 2918 North 6th St Street /inneapolis, MN 55411	27-2399875		6,000.	0.			Scholarship
BLOOM EARLY LEARNING 7805 COUNTY RD 6 PLYMOUTH, MN 55447	41-1939043	501(c)(3)	72,062.	0.			Scholarship
THE FAMILY PARTNERSHIP 527 E Lake Street MINNEAPOLIS, MN 55407	41-0693858	501(c)(3)	112,185.	0.			Scholarship
AYAN OMAR 3701 Jackson St. NE Columbia Heights, MN 55421	81-5413374		6,077.	0.			Scholarship

Schedule I (Form 990) Think Small							1-1260581 Pa
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	ients (Sche	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EW CREATIONS CHILDCARE 6547 MARKETPLACE DR IG LAKE, MN 55309	82-1931422		35,233.	0.			Scholarship
lew Creations Child Care and earning Center - 11806 ABERDEEN TREET NE - BLAINE, MN 55449	82-1934757		6,387.	0.			Scholarship
IEW CREATIONS CHILDCARE AND EARNING CENTER - 877 W JEFFE VE - ST. PAUL, MN 55012)		18,559.	0.			Scholarship
ST ALPHONSUS PARISH SCHOOL 031 HALIFAX AVE N SROOKLYN CENTER, MN 55429	41-0846441		26,929.	0.			Scholarship
IC Properties at Andover LLC 1806 Aberdeen Street Northeast Blaine, MN 55449	82-1940679		7,356.	0.			Scholarship
Perspectives Inc 381 Gorham Ave St Louis Park, MN 55426	41-1288300	501(c)(3)	8,435.	0.			Scholarship
DLUS CENTER LLC 315 12TH AVE N /INNEAPOLIS, MN 55411	46-5562909		20,357.	0.			Scholarship
VESTWOOD LUTHERAN CHURCH 001 CEDAR LAKE RD ST LOUIS PARK, MN 55426	41-0734779	501(c)(3)	7,437.	0.			Scholarship
UCKY CHILD CARE CENTER 25 Northeast Lowry Avenue /inneapolis, MN 55418	46-1224233		22,979.	0.			Scholarship

Schedule I (Form 990) Think Small						4	1-1260581 Pag
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	ients (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCULO DE AMIGOS CHILD CARE CENTER LLC - 2830 CEDAR AVE S MINNEAPOLIS, MN 55407			24,341.	0.			Scholarship
BABYS SPACE A PLACE TO GROW 438 18th Avenue South /inneapolis, MN 55404	20-4502788	501(c)(3)	273,007.	0.			Scholarship
WIN CITIES CHILD CARE CENTER 925 Portland Avenue South /linneapolis, MN 55404	27-0297780		17,054.	0.			Scholarship
/IETRO LEARNING CENTER INC 2833 13TH AVE S STE 200 /IINNEAPOLIS, MN 55407	82-3334358		25,237.	0.			Scholarship
ACADEMIA ELZE W FRANKLIN AVE /INNEAPOLIS, MN 55404	82-4001502		25,521.	0.			Scholarship
SUMMIT EARLY LEARNING CENTE 015 OLSON MEMORIAL HWY /INNEAPOLIS, MN 55405	R 41-1855935		57,615.	0.			Scholarship
IOKOMIS DAYCARE CENTER INC 010 BLOOMINGTON AVE S /INNEAPOLIS, MN 55407	45-4189885		9,063.	0.			Scholarship
DPEN ARMS EDUCATION & CHILD CENTER - 3355 Hiawatha Avenue - Minneapolis, MN 55406	CARE 27-1123534		12,110.	0.			Scholarship
VECARE CHILDCARE CENTER 3553 Penn Ave N Minneapolis, MN 55412	81-1102083		18,057.	0.			Scholarship

Schedule I (Form 990) Think Small						4	1-1260581 Pag
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	nents (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RTA CHILD CARE CENTER INC 401 CHICAGO AVE S /INNEAPOLIS, MN 55407	46-2842530		6,150.	0.			Scholarship
SUZETTE HUSTON 547 YATES AVE N CRYSTAL, MN 55429	27-2477431		6,780.	0.			Scholarship
MARY SCHUNEMAN 1490 Terrace Dr Shoreview, MN 55126	41-2021250		5,450.	0.			Scholarship
ST PAULS CHILDHOOD CENTER 900 SUMMIT AVE ST PAUL, MN 55105	41-1377467	501(c)(3)	8,643.	0.			Scholarship
ST AMBROSE OF WOODBURY ATTN: ANNE HUBER 4125 WOODB WOODBURY, MN 55129	URY DR 41-1905541	501(c)(3)	18,920.	0.			Scholarship
MY CHILDCARE PLUS INC 1323 BURR ST ST PAUL, MN 55130	82-0638294		20,993.	0.			Scholarship
AILLENNIUM LEARNING CENTER I Blaine PKWY - 1390 PAUL PARKWA BLAINE, MN 55434	NC -		14,016.	0.			Scholarship
TUTOR TIME LEARNING CENTER L 32209 Collection Center Drive Chicago, IL 60693			178,842.	0.			Scholarship
Norld Around Us Childcare - White Bear Lake - 5065 Stewart Avenue - Nhite Bear Lake, MN 55110	41-1887084		5,872.	0.			Scholarship

Schedule I (Form 990) Think Small						4	1-1260581 Pag
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	ients (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rise N Shine Child Care Center 749 HIAWATHA AVE S /INNEAPOLIS, MN 55406	36-4709724		8,343.	0.			Scholarship
CLOSE TO MY HEART 740 VAN DYKE ST //APLEWOOD, MN 55109	41-1847732	501(c)(3)	92,816.	0.			Scholarship
AKE AREA DISCOVERY CENTER 3770 BELLAIRE AVE WHITE BEAR LAKE, MN 55110	41-1937239	501(c)(3)	73,165.	0.			Scholarship
PARENTS IN COMMUNITY ACTION 700 HUMBOLDT AVE N /INNEAPOLIS, MN 55411	INC 41-0956226	501(c)(3)	292,498.	0.			Scholarship
3 RS EARLY CHILDHOOD LEARNIN CENTER - 4900 85TH AVE N - BROOKLYN PARK, MN 55443	G 37-1580191		136,038.	0.			Scholarship
FAMILYWISE SERVICES 3036 University Avenue Southeast ⁄linneapolis, MN 55414	41-1343909	501(c)(3)	39,328.	0.			Scholarship
AOUNT CALVARY LUTHERAN CHU AOUNT CALVARY PRESCHOOL 30 EXCELSIOR, MN 55331		501(c)(3)	15,958.	0.			Scholarship
MACHUPICHU 7 LLC 1601 NICOLLET AVE MINNEAPOLIS, MN 55403	27-0524684		65,044.	0.			Scholarship
CAMDEN KIDS LEARNING CENTER 4656 COLFAX AVE N MINNEAPOLIS, MN 55412	81-2858432		10,401.	0.			Scholarship

Schedule I (Form 990) Think Small						4	1-1260581 Pag
Part II Continuation of Grants and Other As	sistance to Domes	tic Organizations and	Domestic Governm	ients (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEACE OF MIND DAYCARE INC 2025 TAMARACK RD WOODBURY, MN 55125	41-1739539		21,555.	0.			Scholarship
ES SBS BROOKLYN PARK 1355 N Hwy 169 Plymouth, MN 55442	81-4309057		140,143.	0.			Scholarship
ES SBS PLYMOUTH LLC 4355 HWY 169 N PLYMOUTH, MN 55442	81-4246308		46,279.	0.			Scholarship
Millennium Learning Center - Eagan 4565 Scott Trail Eagan, MN 55122	81-2660774		5,940.	0.			Scholarship
PLAYHOUSE CHILD CARE OF MON NC - 2901 Clearwater Road - St. Cloud, MN 56301	TICELLO 41-1732258		7,605.	0.			Scholarship
THE CHILDREN'S CENTER 605 JAMES AVE ALBERT LEA, MN 56007	41-0954380		17,448.	0.			Scholarship
NEXT BEST THING TO MOM 390 OPPORTUNITY BLVD N CAMBRIDGE, MN 55008	41-1943204		8,812.	0.			Scholarship
A & M CHANHASSEN CHILDCARE I 1430 PARK CT CHANHASSEN, MN 55317	NC 47-4632146		27,051.	0.			Scholarship
KUEHG Corp PO Box 741282 Los Angeles, CA 90074-1282	47-4478313		2,159,386.	0.			Scholarship

Part II Continuation of Grants and Other As	ssistance to Domes	tic Organizations and	Domestic Governr	nents	1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	

Continuation of Grants and Other	Assistance to Dome	stic Organizations and	Domestic Goverr	nments (S	Schedule I (Form 990)	, Part II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section0 0	1 78)50 533	(e)	(f)	(g)	(h)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)			

Continuation of Grants and Other	Assistance to Dome	<u>stic Organizations and</u> T	Domestic Governr	nents (Scho T	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, 149	(g) 7.54 515.90cp-4rp53(d	(h) t) Name andauAeaN5 e, it

Think Small

41-1260581

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.

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

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non	(a) Mathad of valuation	(f) Description of noncash assistance
(a) Type of grant of assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(I) Description of honcash assistance
	Teoplerito	ousin grant			
	10	4 0 4 4 0 0 0			
cholarships	194	1,844,393.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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		-	

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation					(iii) Other reportable compensation
(1) Barbara Yates	(i)	197,388.	0.	1,524.	25,093.	16,630.	240,635.	0.
President and CEO	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
(2) Mark Cross	(i)	169,301.	0.	792.	6,740.	0.	176,833.	0.
Chief Operating Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

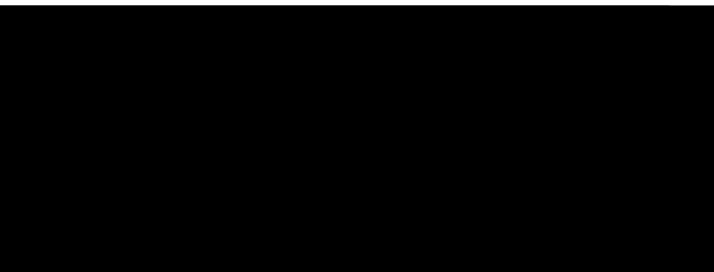
Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art ~~~~~~~~~~				
2	Art - Works of art - Art - Historical treasures				
3	Art - Fractional interests ~~~~~~~				
4	Books and publications ~~~~~~~				
5	Clothing and household goods ~~~~~				
6	Cars and other vehicles ~~~~~~~				
7	Boats and planes ~~~~~~~~				
8	Intellectual property ~~~~~~~				
9	Securities - Publicly traded ~~~~~~				
9 10	Securities - Closely held stock ~~~~~~				
11	Securities - Partnership, LLC, or				
	trust interests ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
10	Securities - Miscellaneous				
12 12	Qualified conservation contribution -				
13					
4.4	Historic structures ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
14 15	Real estate - Residential ~~~~~~~				
15 16	Real estate - Commercial ~~~~~~				
16 17	Real estate - Other ~~~~~~~~				
17					
18	Collectibles ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
19	Food inventory ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
20	Drugs and medical supplies ~~~~~~				
21	Taxidermy ~~~~~~				
22	Historical artifacts ~~~~~~~~				
23	Scientific specimens ~~~~~~~				
24	Archeological artifacts ~~~~~~~				
25	Other ()				
26	Other ()				
27	Other ()				
<u>28</u>	Other ()				
29	Number of Forms 8283 received by the organi				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement ~~~~ 29	
30a	During the year, did the organization receive b must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required to be use	
	exempt purposes for the entire holding period?	? ~~~~~~	~~~~~~		30a
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance	policy that re	quires the review of	of any nonstandard contribution	ons? ~~~~ <u>31</u>
32a					
					<u>32a</u>
b					
33					

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



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ

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

Think Small

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 41-1260581

Form 990, Part III, Line 4a, Program Service Accomplishments:

over 4,700 eligibility-based scholarships for families to enroll

children in quality childcare programs in order to reduce opportunity

gaps.

Form 990, Part III, Line 4b, Program Service Accomplishments:

those in low-income neighborhoods, English language learners (ELL),

communities of color, immigrant, and refugee families, so they can

fully engage in Minnesota's early childhood care and education system.

Staff assist nearly 1,000 new immigrant and other families and

providers navigating complex government systems, connecting them to

resources and services available at think small and other

organizations. Staff provide language translation and interpretation

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization Think Small	Employer identification number 41-1260581

Form 990, Part III, Line 4c, Program Service Accomplishments:

build accountability in the system. Think Small continually focuses on

our efforts ensuring that families have a variety of high-quality early

learning opportunities that will put their child on the path to school

and life success.

Form 990, Part VI, Section B, line 11b:

Upon completion and review by management, the draft form 990 will go to the

finance committee for review. Upon the finance committee's approval, it

will be submitted to the full board for final review and approval. Once will go to the

Schedule O (Form 990 or 990-EZ) 2020	
Name of the organization	

Think Small

Page 2 Employer identification number 41-1260581

Form 990, Part VI, Section B, Line 15:

Compensation is set by the executive committee of the Board of Directors.

An external firm specializing in compensation services is retained for the

purposes of gathering and providing independent market data and

recommending salary range. The process is documented in the executive

committee meeting minutes. Salary determination is sent in writing from the

board chair to the President & CEO and provided to COO/HR director. In June

2018, the Organization contracted with an external firm to conduct market

review of CEO & 15 senior management positions. The process underway

includes: project planning and confirmation of market pricing philosophy,

job analysis and external market pricing, cost impact analysis, and an

executive committee tutorial. The process will be reviewed with the

executive committee of the Board of Directors once completed and documented

in committee minutes. Ranges for key positions may also be updated if a

vacancy occurs, either by the HR director or an outside firm. Both utilize

market data and compensation surveys to inform the results.

Form 990, Part VI, Section C, Line 19:

The Organization's governing documents and conflict of interest policy are

available upon request. The Organization's audited financial statements are

available on the Organization's website.

Form 990, Part XII, Line 2c:

No change from prior year.