OMB No. 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Form Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2020 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization Address Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ return/ termin-ated G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return H(a) Is this a group return Applica-tion pending F Name and address of principal officer: for subordinates? ~~ Yes No H(b) Are all subordinates included? Yes No 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: J Website: | H(c) Group exemption number Corporation Trust Association Other Year of formation: Form of organization: M State of legal domicile: Briefly describe the organization's mission or most significant activities: Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 3 Number of voting members of the governing body (Part VI, line 1a) ~~~~~~ 4 5 6 7a Prior Year **Current Year** Revenue Program service revenue (Part VIII, line 2g) 10 11 12 13 14 15 16a 17 18 19 Beginning of Current Yea End of Year 20 21 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and believed. true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here

Date

PTIN

Yes

No

Check

Firm's EIN

Phone no.

Preparer's signature

Paid Preparer

Use Only

Type or print name and title

Print/Type preparer's name

Firm's name

Firm's address

Think Small 41-1260581

Form 990 (2020) Think Small
Part IV Checklist of Required Schedules

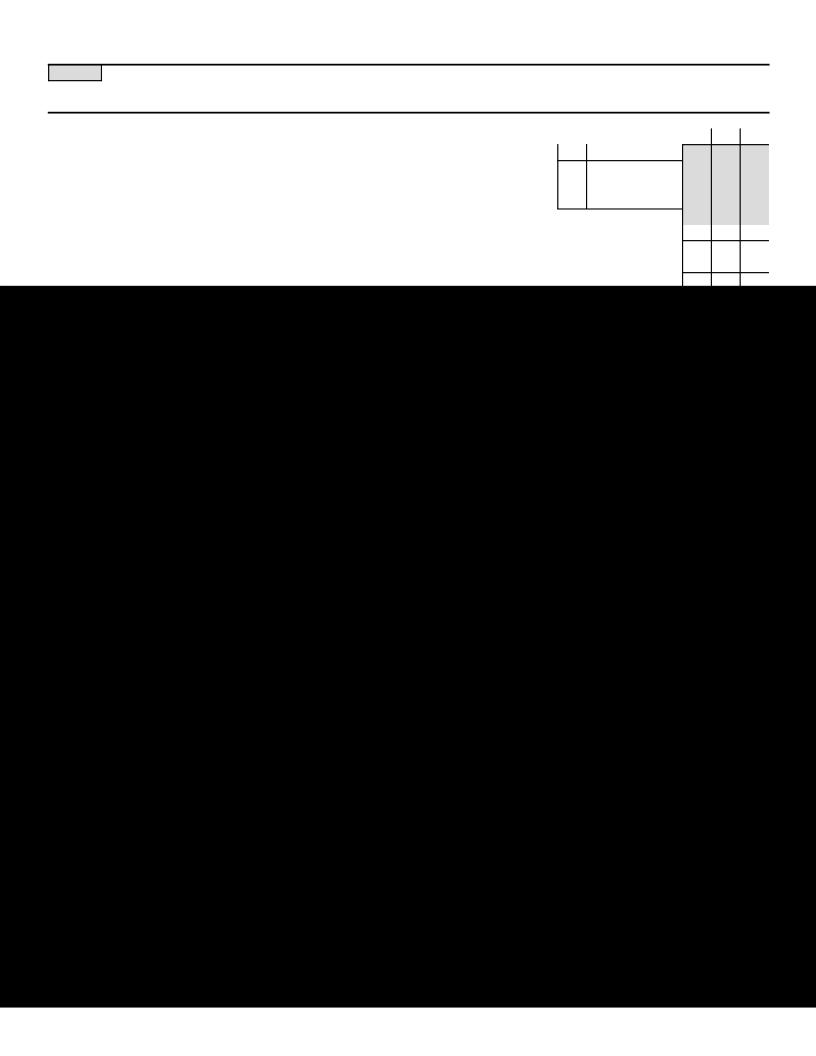
| | | | Yes | No |
|-----|--|------------|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | X | 110 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Χ | |
| 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 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Х | |
| 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 | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 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 | | Х |
| 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 | | | |
| 12a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~~~~ Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. | 11f 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 | 12a 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 | 17 | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX. column (A). line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | |

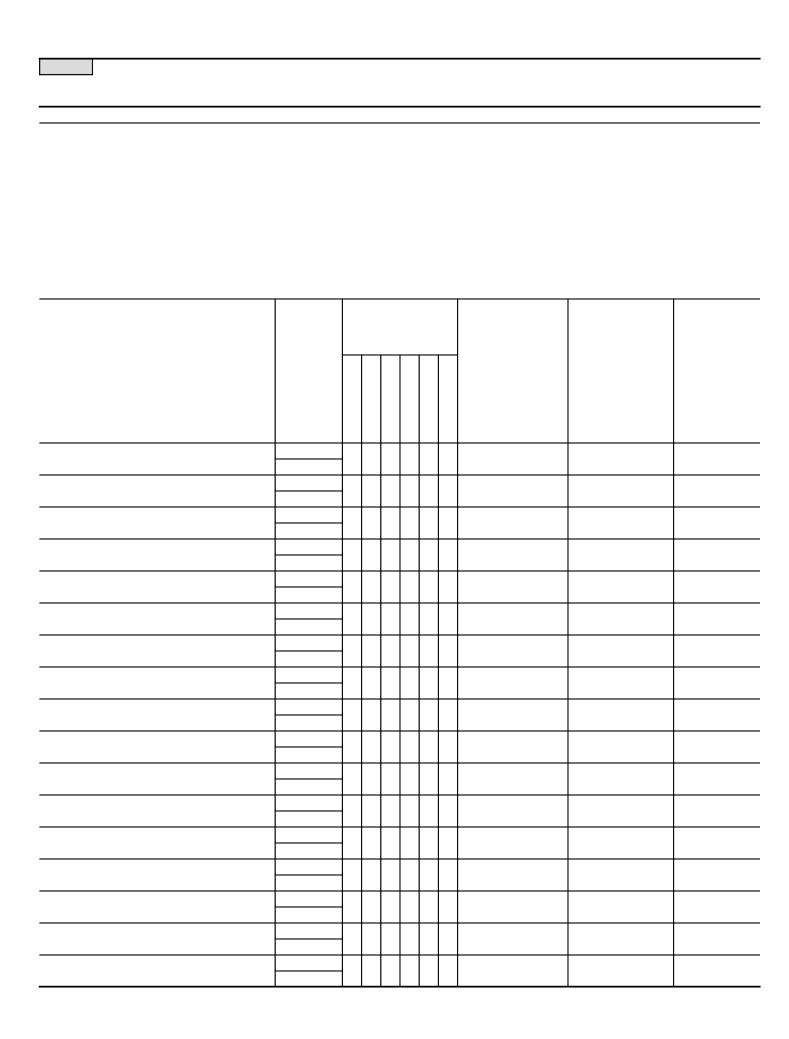
Page 3

(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 | Χ | |
| 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 | Х | |
| 2/12 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| 274 | 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 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | ~ | | |
| | 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 |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 200 | | |
| D | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | X |
| | Schedule L, Part I | 25b | | ^ |
| 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, | 26 | | <u> </u> |
| 27 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | X |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III_~~~ | 27 | | <u> ^</u> |
| 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 | | X |
| | 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 | | Х |
| 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 | | | |
| 0.4 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | ,, |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O *********************************** | 38 | Χ | |
| Par | | 30 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 222222222222222222222222222222222222 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? ••••••• | 1c | Χ | |

| | | | | Yes | No |
|----|---|-----|-----------|-----|-----|
| 2a | | 1 1 | | 103 | 110 |
| Za | | | | | |
| | | 2a | 1 | | |
| b | | | 2b | | |
| | Note: | | | | |
| 3a | | | 3a | | |
| b | | | 3b | | |
| 4a | | | | | |
| | | | 4a | | |
| b | | | | | |
| b | | | | | |
| _ | | | _ | | |
| 5a | | | <u>5a</u> | | |
| b | | | 5b | | |
| С | | | 5c | | |
| 6a | | | | | |
| | | | 6a | | |
| b | | | | | |
| | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| | Organizations that may receive academic contributions and or section 170(s). | | 7a | | |
| a | | | | | |
| b | | | 7b | | |
| С | | | | | |
| | | 1 1 | 7c | | |
| d | | 7d | | | |
| е | | | 7e | | |
| f | | | 7f | | |
| g | | | 7g | | |
| h | | | 7h | | |
| 8 | | | , | | |
| U | | | 8 | | |
| 0 | | | - | | |
| 9 | | | | | |
| | | | 9a | | |
| | | | 9b | | |
| 10 | | 1 1 | | | |
| | | | 4 | | |
| | | | _ | | |
| 11 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 12 | | | 1 | | |
| 12 | | 1 1 | | | |
| 40 | | LL | 1 | | |
| 13 | | | | | |
| | | | | | |
| | | | | | |
| | | 1 1 | | | |
| | | | | | |
| | | | | | |
| 14 | | | | | |
| | | | | | |
| 15 | | | | | |
| IJ | | | | | |
| | | | | | |
| | | | | | |
| 16 | | | | | |
| | | | | | |



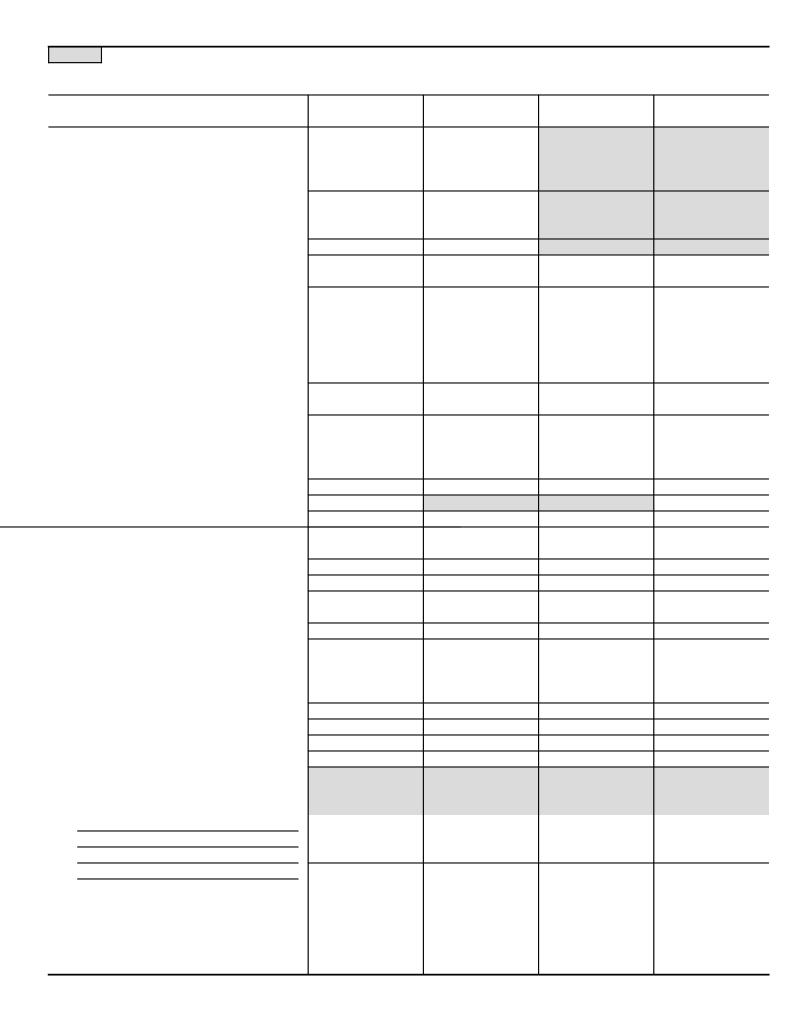


| Form 990 (2020) | | | | | | | | | 71 120 | 000 | | <u> </u> | age o |
|--|-----------------------|-------------------------------|-----------------|---------|-------|------------------------------|----------|---------------------------------------|--------------------------------|-------|-------------|-----------------|-------|
| Part VII Section A. Officers, Directors, Trustee | es. Key Employ | <u>/ees</u> | , an | d Hig | ghes | st Co | mp | ensated Employees | (continued) | | | | |
| (A) | (B) | | | (C | | | | (D) | (E) | | | (F) | |
| Name and title | Average | I (do not check more than one | | | | than o | one | Reportable | Reportable | | Es | timate | ed |
| | hours per | | | | | s both | an | compensation | compensation | | | nount | of |
| | week (list any | direct | Jei aii | u a u | - | $\overline{}$ | <u> </u> | from | from related | | | other | |
| | hours for | or o | æ | | | satec | | the organization | organizations (W-2/1099-MIS | | | pensa om the | |
| | related | stee | rust | | e | bens | | (W-2/1099-MISC) | (**-2/1099-14113 | 30) | | anizat | |
| | organizations | al tr | onal i | | oloye | com ee | | (** 2, ************************ | | | | d relat | |
| | below | Individual trustee or | Institutional t | Officer | , em | hest | Former | | | | orga | anizati | ons |
| | line) | lnd | Insi | J)O | Ke | Highest compensated employee | For | | | | <u> </u> | | |
| (18) Marilyn Burnett | 1.00 | _ | | | | | | | | _ | | | _ |
| Director | | Х | | | | | | 0. | | 0. | | | 0. |
| (19) Megan Gunnar | 1.00 | _ | | | | | | | | _ | | | _ |
| Director | 4.00 | Х | | | | | | 0. | | 0. | <u> </u> | | 0. |
| (20) Tracy Nordstrom | 1.00 | | | | | | | | | • | | | • |
| Director | 4.00 | Х | | | | | | 0. | | 0. | | | 0. |
| (21) Trent Tucker | 1.00 | | | | | | | | | • | | | ^ |
| Director | 1.00 | Х | | | | | | 0. | | 0. | <u> </u> | | 0. |
| (22) Weston Merrick | 1.00 | Х | | | | | | | | 0 | | | 0 |
| Director | 1.00 | ^ | | | | | | 0. | | 0. | <u> </u> | | 0. |
| (23) Yolanda J. Majors | 1.00 | Х | | | | | | 0. | | 0. | | | 0. |
| Director | | ^ | | | | | | 0. | | 0. | | | 0. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | 692,384. | | 0. | 105 | ,246 | |
| 1b Subtotal | | | | | | | ! | 0. | | 0. | 103 | ,240 | 0. |
| c Total from continuation sheets to Part VII, S | | ~~~ | ~~~ | ~~~ | | | - | 692,384. | | 0. | 105 | ,246 | |
| d Total (add lines 1b and 1c) | | | | 1 - 1 - | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | 200 - ((- - - | 0. | 100 | ,240 | • |
| 2 Total number of individuals (including but no | ot ilmited to the | se i | istec | abc | ove) | wnc | rec | ceived more than \$100,0 | or reportable | | | | 5 |
| compensation from the organization | | | | | | | | | | | $\neg \tau$ | Yes | No |
| 3 Did the organization list any former officer, | director truste | k | 0V 0 | mnla | 21/00 | or | hial | host componented ample | 2,400,00 | | | 100 | 140 |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | byee on | | 3 | | Х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | e organization | | | | |
| and related organizations greater than \$150 | n none If "Yes, | " co | mple | ete S | che | dule | J fo | or such individual ~~~~ | ~~~~~~ | | 4 | Х | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | | Χ |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest cor | mpensated inde | eper | nden | t cor | ntra | ctors | tha | at received more than \$1 | 00,000 of compe | nsati | on fron | n | |
| the organization. Report compensation for t | <u>he calendar ye</u> | ar e | ndin | g wi | th o | r witl | hin i | the organization's tax ye | ar. | | | | |
| (A) | | | | | | | | (B) | | _ | (C | ;) | _ |

| (A) | (B) | (C) |
|---|---|--------------|
| Name and business address | Description of services | Compensation |
| 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 61611 | Books | 233,443. |
| The Dingley Press, Inc. | Redleaf Press | |
| CL 300028, Lewiston, ME 04243-9596 | Mailings | 159,749. |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to | to those listed above) who received more than | |
| \$100,000 of compensation from the organization | 3 | |

\$100,000 of compensation from the organization

| | 1 | | | | | | | |
|------------------------------|-----------------------------------|------------|---|---------------|-----|----------|-----|----------|
| | | | | | (A) | (B) | (C) | (D) |
| 1 a b c d e f | Noncash contributions included in | ines 1a-1f | 1 | | | | | |
| - - - - - | | | | Business Code | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | - | | | | | |
| | | | | | | | | |
| - | Total revenue | | | Business Code | | | | |
| | Total revenue. | | | | l | <u> </u> | I | <u> </u> |



Think Small

Form 990 (2020)

Page 11

| Pai | rt X | Balance Sheet | | | | |
|-----------------------------|------|---|------------------------------------|--------------------------|-----|--------------------|
| | | Check if Schedule O contains a response or note | 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 or | former officer, director, | | | |
| | | trustee, key employee, creator or founder, substa | antial contributor, or 35% | | | |
| | | controlled entity or family member of any of these | e persons ~~~~~~ | | 5 | |
| | 6 | Loans and other receivables from other disqualifi | | | | |
| | | under section 4958(f)(1)), and persons described | | | 6 | |
| ets | 7 | Notes and loans receivable, net ~~~~~~~~ | ~~~~~~ | | 7 | |
| Assets | 8 | Inventories for sale or use ~~~~~~~~~~~ | ~~~~~ | | 8 | |
| 1 | 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 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 ~~~~~~~~ | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | , | | 16 | |
| | 17 | Accounts payable and accrued expenses Grants payable | | | 17 | |
| | 18 | Deferred revenue | | | 18 | |
| | 19 | Tax-exempt bond liabilities ~~~~~~~ | T T | | 19 | |
| | 20 | | | | 20 | |
| | 22 | Escrow or custodial account liability. Complete Paleons and other payables to any current or former | | | - | |
| Liabilities | 22 | trustee, key employee, creator or founder, substa | | | | |
| iliqe | | controlled entity or family member of any of these | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelat | · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | · | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | · | | 1 | |
| | | 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 | here | | | |
| es | | and complete lines 27, 28, 32, and 33. | | | | |
| anc | 27 | Net assets without donor restrictions ~~~~~~ | -~~~~ | | 27 | |
| Bal | 28 | Net assets with donor restrictions ~~~~~~~ | ~~~~~ | | 28 | |
| pur | | Organizations that do not follow FASB ASC 958, | check here | | | |
| 匠 | | and complete lines 29 through 33. | | | | |
| ts o | 29 | Capital stock or trust principal, or current funds | ~~~~~ | | 29 | |
| Net Assets or Fund Balances | 30 | Paid-in or capital surplus, or land, building, or equ | uipment fund ~~~~~~ | | 30 | |
| | 31 | Retained earnings, endowment, accumulated inc | ome, or other funds ~~~~ | | 31 | |
| ž | 32 | Total net assets or fund balances ~~~~~~~ | ~~~~~~ | | 32 | |
| | 33 | Total liabilities and net assets/fund balances ••• | | | 33 | |

Form 990 (2020)

Form 990 (2020) Think Small 41-1260581 Page 12

| Pa | 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 | 26,632,964. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 2 | 26 | 515,7 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 117 | ',218 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~~~~~ | 4 | 3 | ,195, | 813. | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 199 | ,213 | |
| 6 | Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 8 | | 920 | 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, | | | | | |
| . • | column (B)) •••••••••••••••••••••••••••••••••• | 10 | 4 | 1,432,244. | | |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | Χ |
| | Oneskii Gonesia Gonesi | | | | 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 | | | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | | | | | |
| | separate basis, consolidated basis, or both: | J11 G | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| h | Were the organization's financial statements audited by an independent accountant? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | _ | | 2b | Х | |
| D | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | | |
| | consolidated basis, or both: | baoio, | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit | | | | |
| U | review, or compilation of its financial statements and selection of an independent accountant? ~~~~~~~~ | | | 2c | Χ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | | ` | | | |
| 33 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | | | | | |
| Ja | Act and OMB Circular A-133? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | gie Au | uit | 3a | Χ | |
| h | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | אוופ אי | i t | Ja | | |
| D | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | u auu | ıı | 3b | Χ | |

Form 990 (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. | Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

| | | Think | Small | | | | | 4 | 1-1260581 | |
|-----|-------|--|---|--------------------------------|---------------------|--------------------|-------------------|---------------|----------------------------|--|
| Pa | rt I | Reason for Public C | harity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions | | | |
| The | organ | ization is not a private found | ation because it is: (I | For lines 1 through 12, ch | neck only o | one box.) | | | | |
| 1 | Ü | A church, convention of chu | | = | - | |)(A)(i). | | | |
| 2 | | A school described in section | | | | . , , | ,,,,, | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | |
| 4 | | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | | |
| · | | city, and state: | | | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | |
| Ü | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | |
| 6 | | A federal, state, or local gov | • | nental unit described in | section 17 | Ω(h)(1)(Δ) | (v) | | | |
| 7 | Χ | An organization that normal | = | | | | | neneral n | whlic described in | |
| ' | | section 170(b)(1)(A)(vi). (C | • | initial part of its support in | nn a govo | minomar | | general p | ablic acscribed in | |
| 8 | | A community trust describe | • | 1)(A)(vi) (Complete Par | : II \ | | | | | |
| 9 | | An agricultural research org | | | | nd in conju | inction with a la | and grant | collogo | |
| 9 | | or university or a non-land- | | | | - | | - | = | |
| | | university: | grant conege or agric | ulture (see iristructions). | Linei me | name, city | , and state of t | ne conege | 5 01 | |
| 10 | | An organization that normal | Illy receives (1) more | than 22 1/20/ of its supp | ort from o | ontribution | a mambarahin | food one | l grace receipte from | |
| 10 | | activities related to its exem | | | | | | | | |
| | | | | | | | | | = | |
| | | income and unrelated busin | | (less section 511 tax) ito | iii busiiles | ses acqui | red by the orga | IIIIZAIIOII a | inter June 30, 1975. | |
| 11 | | See section 509(a)(2). (Con An organization organized a | | valy to tost for public saf | oty Soo (| coction 50 | 0(2)(4) | | | |
| 12 | | An organization organized a | • | | • | | ` ,` , | out the r | ournoses of one or | |
| 12 | | more publicly supported org | • | • | • | | | • | • | |
| | | lines 12a through 12d that of | | | | | | | DIRECK THE DOX III | |
| 2 | | Type I. A supporting orga | • • • | • • | | | | • | ivina | |
| а | | | • | • | | • | | | • | |
| | | the supported organization | • | | шајошу о | i the direc | iors or trustees | or the su | pporting | |
| h | | organization. You must co | • | | on with ito | ou no orto or | d arganization/ | a) by bayi | ~ ~ | |
| b | | Type II. A supporting orga | • | | | | | | - | |
| | | control or management of | | | me persor | is that con | illoi oi manage | ine supp | ortea | |
| | | organization(s). You must | • | | | | | : | الماد،،؛ | |
| С | | Type III functionally integr | | | | | - | megrated | ı witri, | |
| | | its supported organization | • | , | • | | | -l: | -+:(-) | |
| d | | Type III non-functionally in | • | | | | | • | ` , | |
| | | that is not functionally inte | - | • | • | | uirement and a | in attentiv | eness | |
| | | requirement (see instructi | , | • | - | | T 1. T 11 | T | | |
| е | | Check this box if the orga | | | | | Type I, Type II | i ype iii | | |
| , | C-4- | functionally integrated, or | • • | | ig organiza | ation. | | | | |
| | | er the number of supported o | O . | | ~~~~~ | ~~~~ | | | | |
| g | | <u>ride the following information</u> i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the or | rganization lis | edv) Amount of i | nonetary | (vi) Amount of other | |
| | , | organization | () = | (described on lines 1-10 | in your gove Yes | rning docume No | support (see ins | structions) | support (see instructions) | |
| | | | | above (see instructions)) | 162 | INO | | <u> </u> | , | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| (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 organizati | on |
|---|----|
| fails to qualify under the tests listed below, please complete Part III.) | |

| | () 6515 | // / · · · · · · · · · · · · · · · · · | () 22/2 | ()) 5515 | ()6555 | (0 T : 1 |
|---|---------------------|--|------------------|--------------------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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. | | | | | | |
| | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 Amounts from line 4 ~~~~~ | | | | | | |
| 8 Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, | | | | | | |
| and income from similar sources ~ | | | | | | |
| 9 Net income from unrelated business | | | | | | |
| activities, whether or not the | | | | | | |
| business is regularly carried on ~ | | | | | | |
| 10 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) ~~~~ | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, | | | ~~~~~~~ | - | 12 | |
| 13 First 5 years. If the Form 990 is for th | • | | | ear as a section 5 | 01(c)(3) | 1 |
| organization, check this box and stop | here •••••• | •••••• | •••••• | | | |
| 14 Public support percentage for 2020 (lin | ne 6, column (f), c | divided by line 11, | column (f)) ~~~~ | ~~~~ | 14 | |
| 15 | , ,,, | • | · · // | | 15 | |
| 16a 33 1/3% support test - 2020. | | | | | | |
| stop here. | | | | | | |
| b 33 1/3% support test - 2019. | | | | | | |
| stop here. | | | | | | |
| 17a 10% -facts-and-circumstances test - 2 | 020. | | | | | |
| | | | stop he | re. | | |
| | | | | | | |
| b 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) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|------------|-----------|----------|----------|----------|--|
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| | | | | | | |
| 2 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 3 | | | | | | |
| | | | | | | |
| 4 | | | | | | |
| 7 | | | | | | |
| | | | | | | |
| 5 | | | | | | |
| | | | | | | |
| | | | | | | |
| 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 | | | | ļ | | |
| С | | | | | | |
| 8 Public support. (Subtract line 7c from line 6 |) | | | | | |
| | | 1 | 1 | 1 | 1 | 1 |
| Calendar year (or fiscal year beginning in) | (a) | (b) | (c) | (d) | (e) | (f) |
| 9 | | | | | | |
| 10a | | | | | | |
| | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from business | ses | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c | | | | | | |
| 11 | | | | | | |
| | | | | | | |
| | | | | | | |
| 12 | | | | | | |
| ļ | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. | | | | | | |
| stop here | | | | | | |
| | | | | | 1 1 | |
| 15 | | | | | 15 | |
| 16 | | | | | 16 | |
| | • | | | | 11 | |
| 17 20. | | | | | 17 | |
| | 2019 | | | | 18 | |
| 19a 33 1/3% support tests - 2020. | oton h | | | | | |
| b 33 1/3% support tests - 2019. | stop here. | | | | | |
| 5 33 1/3 /0 support tests - 2019. | ~ | top here. | | | | |
| | 51 | rob nere. | | | | |

| | | - | | Yes | No |
|--|----|---------|-----|-----|----|
| Part VI 3a b c 4a b c 4b - 5a - 6 7 8 9 - 7 8 9 - 10 10 - | 1 | | | | |
| Part VI 3a b c 4a 4a 4b c 5a 6 7 8 9 9 9 10 | | Part VI | | | |
| Part VI 3a b c 4a 4a 4b 6 7 8 9 9 10 | 2 | | 1 | | |
| 3a | 2 | Part VI | | | |
| b | | | 2 | | |
| C | 3a | | _ | | |
| C 4a 3b 4a 3c 4a 4a 4b 4b 4b 4c 4c 5a 4c 5b 5c 6 | h | | 3a | | |
| C 4a 3c 4a 4a 4a 4b 4b 4c 4c 4c 4c 5a 4c 5a 6 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | D | | | | |
| 4a | | | 3b | | |
| 4a | С | | | | |
| b | 40 | | 3c | | |
| 6 | 4a | | 4a | | |
| 5a | b | | | | |
| 5a | | | | | |
| 5a | | | 4b | | |
| 5a | C | | | | |
| 5a | | | | | |
| 5a | | | 4c | | |
| 5b 5b 5c 6 7 8 9 9a 9 | 5a | | | | |
| 5b 5b 5c 6 7 8 9 9a 9 | | | | | |
| 5b 5b 5c 6 7 8 9 9a 9 | | | | | |
| 5b 5c 7 8 8 9 9c 9c 10a | | | 5a | | |
| 6 | b | | | | |
| 6 6 7 8 9 9 9 9 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10 | C | | | | |
| 7 8 9 9b 9c 10a | | | 50 | | |
| 7 | | | | | |
| 7 | | | | | |
| 7 | | | 6 | | |
| 8 9 9a 9a 9b 9c 10a 10a | 7 | | U | | |
| 8 8 8 9 9a 9b 9c 10a | | | | | |
| 9 9a 9b 9c 10a | | | 7 | | |
| 9 9a 9b 9b 9c 10a | 8 | | ρ | | |
| 9a 9b 9c 10a | 9 | | U | | |
| 9b 9c 9c 10a 10a | | | | | |
| 10 9c 10a | | | 9a | | |
| 10 9c 10a | | | Qh | | |
| 10 10a 10a 10a 10a 10a 10a 10a 10a 10a 1 | | | ฮม | | |
| 10a | | | 9c | | |
| | 10 | | | | |
| | | | 100 | | |
| 10h | | | iua | | |
| 1 100 1 | | | 10b | | |

| Sche | dule A (Form 990 or 990-EZ) 2020 | | Pa | ige 5 |
|------|--|------------|-------|---------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 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 | | |
| | | | Vaa | N.o. |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | Yes | No |
| ' | more supported organizations have the power to regularly appoint or elect at least a maj f7254.controlled Tm (these activities | members | of6l8 | .10 518 |
| | If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 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). | 1 | | |
| | | | | |
| | | | Yes | No |
| 1 | | | | |
| | | | | |
| | | | | |
| | | 1 | | |
| 2 | If "NIa " avalaia ia — havu | | | |
| | If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| _ | 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 | | |
| | | | | |
| 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 | nstruction | | |
| 2 | Answer lines 2a and 2b below. | | Yes | No |
| а | If "Yes," then in Part VI identify | | | |
| | and the second of the second o | | | |
| | those supported organizations and explain now 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 | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Answer lines 3a and 3b below. | | | |
| _ | | | | |

If "Yes" or "No" provide details in Part VI.

If "Yes," describe in $p_{\mbox{art VI}}$ the role played by the organization in this regard.

b

emergency temporary reduction (see instructions).

instructions).

| Schedule A (Form 990 or 990-EZ) 2020 Think Small | | | 41-1260581 | Page 6 |
|---|---------------|----------------|-----------------------|-------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Support | ting Organiza | ations | | |
| 1 Check here if the organization satisfied the Integral Part Test as a qu | | | in Part VI). See inst | ructions. |
| All other Type III non-functionally integrated supporting organizations | | | <u> </u> | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Curren (option | |
| 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) Section B - Minimum Asset Amount | 8 | (A) Prior Year | (B) Curren (option | |
| 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 amour see instructions). | nt, 4 | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 Multiply line 5 by 0.035. | 6 | | | |
| 7 Recoveries of prior-year distributions | 7 | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| 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 | | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

7



| Schedule A | (Form 990 or 990-EZ) 2020 Think | Small | 41-1260581 | Page 8 |
|------------|---|---|--|-----------------|
| Part VI | Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a | Provide the explanations required by Part II, line 10; Part II, line c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line art V, Section E, lines 2, 5, and 6. Also complete this part for any section E, lines 2, 5, and 6. | lines 1 and 2; Part IV, Section 1; Part V, Section B, line 1e; F | n C, Part V, |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Form 990, 990-EZ, | Attach to Form 990, Form 990-EZ, or Form 990-PF. | |
|--|---|--|
| or 990-PF) Department of the Treasury Internal Revenue Service | 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.

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

OMB No. 1545-0047

Employer identification number

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|-------------------------|--|
| | | | Person Payroll Noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution Person Payroll |
| (2) | (b) | | Noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) 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) No. | (b) Name, address, and ZIP + 4 | | |
| | | | - |

| | | Employ | yer identification number |
|------------------------------|-----|--------|---------------------------|
| | | | |
| (a) No. from Part I | (c) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Name of organization Employer identification number Think Small 41-1260581 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. onces) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527 J Complete if the organization is described below. J Attach to Form 990 or Form 990-EZ. | Go to www.irs.gov/Form990 for instructions and the latest information.

 $If the organization \ answered \ "Yes," \ on \ Form \ 990, \ Part \ IV, \ line \ 3, \ or \ Form \ 990-EZ, \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then \ Part \ V, \ line \ Part \ Part \ V, \ line \ Part \ Par$

- ¥ Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- ¥ Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- ¥ Section 527 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
- ¥ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- ¥ 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 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

| * Section 50 | 11(c)(4), (5), or (6) organiza | ations: Complete Part III. | | | |
|----------------------|---|--|--|---|---|
| Name of orga | nization Think Smal | ı | | Emplo | oyer identification number 41-1260581 |
| Dort I A | | | anation FO1(a) or in | o coetion FOZ organia | |
| Part I-A | Complete if the orga | nization is exempt under s | section 50 r(c) or is | a section 527 organiz | ation. |
| 2 Political | campaign activity expenditu | ation's direct and indirect politica | -~~~~~~ | | |
| Part I-B | Complete if the orga | nization is exempt under s | section 501(c)(3) | | |
| | | incurred by the organization und | | ~~~~~~ J \$ | |
| | · · | incurred by organization manage | | | |
| | · · | n 4955 tax, did it file Form 4720 | | | Yes No |
| 4a Was a co | orrection made? ~~~~~ | -~~~~~~~~~~~ | ~~~~~~ | | Yes No |
| | describe in Part IV. | | | | |
| Part I-C | | nization is exempt under s | | | |
| | | by the filing organization for sec | | • | |
| | 5 5 | ization's funds contributed to oth | · · | | |
| • | | ^ | | J \$ | |
| | | . Add lines 1 and 2. Enter here a | | Ι¢ | |
| | | 1120-POL for this year? ~~~~ | | | Yes No |
| | • • | nployer identification number (El | | | |
| made pa contribut | yments. For each organizations received that were pro | tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, prov | from the filing organizates separate political organ | tion's funds. Also enter the ization, such as a separate | amount of political |
| | (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. If none, enter -0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| A Check B Check | if the filing organization belong expenses, and share of exces if the filing organization check | s lobbying e | expenditures). | | group member's nam | e, address, EIN, |
|------------------|--|---------------|---|--------------------------|----------------------------------|-----------------------------|
| <u>B Glicck</u> | Limits on Lobby (The term "expenditures" mea | ing Expend | itures | ізіонз арріу. | (a) Filing organization's totals | (b) Affiliated group totals |
| b Total lobbyin | ng expenditures to influence publing expenditures to influence a leging expenditures (add lines 1a and | islative body | | ~~~~~~ | | |
| If the amoun | t on line 1e, column (a) or (b) is: | The lobb | oying nontaxable amou | unt is: | | |
| g h i j | | | | | | Yes No |
| (5 | Some organizations that made a s | section 501(| raging Period Under S h) election do not have te instructions for lines | e to complete all of the | five columns below. | 103 140 |
| | Lobb | ying Expend | ditures During 4-Year | Averaging Period | | |
| | (a) | | (b) | (c) | (d) | (e) |
| <u>2a</u> b | | | | | | |
| | | | | | | |
| | | | | | | |
| e | | | | | | |
| f | | | | | | |

Schedule C (Form 990 or 990-EZ) 2020

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | |) |
|---|-----|-----------------|-----|-----|
| of the lobbying activity. | Yes | No | Amo | unt |
| 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: a Volunteers? | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ~ | | | | |
| c Media advertisements? | | | | |
| d Mailings to members, legislators, or the public? | | | | |
| e Publications, or published or broadcast statements? | | | | |
| 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 | | | | |
| c 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). | | 0- | | |
| a b | | <u>2a</u> 2b | | |
| C | | 20 2c | | |
| 3 | | 3 | | |
| 4 | | 0 | | |
| | | | | |
| | | 4 | | |
| _5 | | 5 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Form 990)

Open to Public

OMB No. 1545-0047

| Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. | Attach to Form 990. |Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number (b) (a) 2 3 5 Yes No 6 Held at the End of the Tax Year

| 3 a b c 4 5 | | d | ı | | | | |
|----------------------------|---|----------|---|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | J | | | | | | |
| | | | | | | | |
| | | <u> </u> | | | | | |

| (a) | (including name of security) | (b) | (c) | |
|---------------|------------------------------|-----|-----|-----|
| (1) | , , | (*) | (-) | |
| (2) | | | | |
| (3) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. | | | | |
| Total. | | | | |
| | | | | |
| (a) | | (b) | (c) | |
| (1) | | , , | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. | | | | |
| | | | | |
| | (a) | | | (b) |
| (1) | (4) | | | (8) |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) Total. | | | | |
| Total. | | | | |
| | | | | |
| 1. | (a) | | | (b) |
| | · / | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. | | | | |
| 2. | | | | |

| ONAD NIA | 1545-0047 |
|----------|-----------|
| | |

| Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Open to Public Inspection

Complete if the organization answered "Yes" on

| Department of the Treasury Internal Revenue Service | | |
|--|---|--|
| Name of the organization | 1 | |

Employer identification number

| | Form 990, Part | IV, line 14b. | | | | | | |
|-----|--|---|--|--|----------------------------------|--|--|--|
| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, | | | | | | | |
| | the grantees' eligibility | gibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~ Yes No | | | | | | |
| | | | | | | | | |
| 2 | For grantmakers. Des | scribe in Part V the | e organization's | procedures for monitoring the use of its | grants and other assistance outs | ide the | | |
| | United States. | | | | | | | |
| 3 | 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) | | | | | | | |
| | (a) Region | (b) Number of | (c) Number of | (d) Activities conducted in the region | (e) If activity listed in (d) | (f) Total | | |
| | () | offices | `émployees, | (by type) (such as, fundraising, pro- | is a program service, | expenditures | | |
| | | in the region | agents, and independent | gram services, investments, grants to | describe specific type | for and investments | | |
| | | | contractors in the region | recipients located in the region) | of service(s) in the region | in the region | | |
| | | | in the region | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | + | | | | | | |
| | | | | | | | | |
| | | 1 | 1 | | | | | |
| | | | | | | | | |
| | | + | | | | + | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | + | ļ | | | | | |
| 3 a | Subtotal ~~~~~ | | | | | | | |
| b | Total from continuation | · [| | | | | | |
| | sheets to Part I ~~~ | | | | | | | |
| С | Totals (add lines 3a | | | | | | | |
| | | (Inspection) The 1 | 0 dures tiona2 | s0wrd10 Td (describe specificesz 957th | e orwrd10a5u1.54 555.0Y88310 | 490 Tm (••••• oe5u1.54 | | |
| | For Paperwork Reduct | | | | | (Form 990) 2020 | | |
| | • | | | | | • | | |

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.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicab | n (c) Region e) | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------|----------------------|--------------------------|---------------------------------|--|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax | |
|---|--|--|
| | exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ~~~~~~ | |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (c) Number of (e) Manner of (f) Amount of (d) Amount of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance

Page 3

Schedule F (Form 990) 2020



| Part II Continuation of Grants and Other As | ssistance 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 |
| NOAHS ARK CHILD DEVELOPMEN | T | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 1 | | <u> </u> | | | | |

| Part II Continuation of Grants and Other As | sistance to Domes | tic Organizations and | Domestic Governn | nents | | | | | | |
|---|-------------------|-----------------------|------------------|-------|----------|--|--|--|--|--|
| (a) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u> </u> | | <u> </u> | | <u> </u> | | | | | |

| Schedule I (Form 990) | | | | | | <u> </u> | r recours Page |
|--|-------------------|-------------------------------|--------------------------|---|--|--|------------------------------------|
| Part II Continuation of Grants and Other As | sistance to Domes | tic Organizations and | Domestic Governm | nents (Sche | 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 |
| 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 |
| ISD NO 2754 Attn: Jody Rose Franklin, MN 55333 | 41-1811094 | | 6,338. | 0. | | | Scholarship |
| CHURCH OF NEW LIFE CHRISTIAN 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 |
| LOVE TO GROW ON 6499 LAKOTA TRL LINO 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 8040 Old Cedar Ave South STE 3 Bloomington, MN 55425 | LLC 81-2330797 | | 53,037. | 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 | nents (Scho | 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 |
| LITTLE VOYAGEURS MONTESSOR INC - 825 51ST AVE NE - COLUMBIA HEIGHTS, 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 Minneapolis, MN 55454 | ENTER 46-2350408 | | 165,431. | 0. | | | Scholarship |
| WAY TO GROW 201 Irving Ave N STE 100 MINNEAPOLIS, 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 A 246 11TH AVE SE FOREST LAKE, MN 55025 | ACADEMY 20-0393839 | | 11,349. | 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 Governn | nents (Scho | 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 |
| 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 41-0706132 | 501(c)(3) | 107,622. | 0. | | | Scholarship |
| EASTERN HEIGHTS LUTHERAN CH 616 RUTH ST ST PAUL, MN 55119 | URCH 41-0823000 | 501(c)(3) | 34,908. | 0. | | | Scholarship |
| LITTLE STEPS CHILDCARE LLC 906 DALE ST N ST PAUL, MN 55103 | 47-1890116 | | 17,098. | 0. | | | Scholarship |
| YWCA OF MINNEAPOLIS 1130 NICOLET MALL MINNEAPOLIS, MN 55403-2405 | 41-0693891 | 501(c)(3) | 376,238. | 0. | | | Scholarship |
| JEREMIAH PROGRAM 0 1 40.10 194 | 4.06 TmAUL, N | IN 55119 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | <u> </u> | |

| nedule I (Form 990) | | | | | | | 1 1200001 |
|--|-------------------|-------------------------------|--------------------------|---|--|--|------------------------------------|
| art II Continuation of Grants and Other Ass | sistance to Domes | tic Organizations and | Domestic Governm | nents (Sche | 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 |
| 10IN INCORPORATED | | | | | | | |
| 780 BROOKVIEW CIR | | | | | | | |
| EDEN PRAIRIE, MN 55347 | 41-1671453 | | 7,395. | 0. | | | Scholarship |
| IALLIE Q BROWN COMMUNITY CE NC - 270 N KENT ST - ST PAUL, MN 5102 | NTER | 501(c)(3) | 64,035. | 0. | | | Scholarship |
| 0.102 | 11 0000010 | 331(3)(3) | 0 1,0001 | <u> </u> | | | Controlation |
| MCA OF THE GREATER TWIN CIT 51 NICOLLET MALL STE 500 IINNEAPOLIS, MN 55402 | IES | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | 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. CHILD CARE CENTER LLC 123 Nidollet/AVE SI | (b) EN | (c) IRC section if applicable | (d) Ambunt of cash grant | (e) Ambunt di Inpn-cash assistance | of Method of Naluation (book) FNV; | (g) Description of nor-cash assistance | (h) Purpose or grant or assistance |
| Minneapolis, MN 55408 | 47-4400216 | | 26,000. | 0. | | | Scholarship |
| CORNERSTONE MONTESSORI SC 611 AMES AVE ST PAUL, MN 55106 | HOOL 41-1361913 | 501(c)(3) | 47,165. | 0. | | | Scholarship |
| CHURCH OF ST FRANCIS DE SALE 749 JUNO AVE | S | | | | | | |
| ST PAUL, MN 55102 | 41-0721706 | 501(c)(3) | 25,914. | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Part II | | | | |
|---------|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Part II Continuation of Grants and Other A | ssistance to Domes | tic Organizations and | Domestic Governr | 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 |
| HE CRAYON BOX CHILD CARE C | | 40005040-1-1-1 | 1/5.05 :4.0 | 40.40.4.4000 | 1504 | | |
| 1 E R'istIVER RDSchedule I (F.35 | wj 1 0 0 1810.1 | -1260581Schedul | e I (F.35 WJT 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 | nents (Sche | edule I (Form 990), Pa | rt 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 CO 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 CHURO 820 LAKE DR Chanhassen, MN 55317 | 3H 41-1340011 | 501(c)(3) | 8,292. | 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 Governn | nents (Scho | 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 |
| 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 | CENTER 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 |
|--|--------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other As | ssistance to Domes | stic Organizations and | Domestic Governm | nents (Sche | edule I (Form 990), Pa | rt 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 |
| 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 | | | 44,282. | 0. | | | Scholarship |
| MILLENNIUM LEARNING CENTER I Maple Knoll Way - 13961 Maple Knoll Way - Maple Grove, MN 55369 | NC - | 33.(3)(3) | 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 ENRICH CENTER - 1819 MINNEHAHA AVE S MINNEAPOLIS, MN 55404 | | 501(c)(3) | 97,313. | 0. | | | Scholarship |

| schedule i (Form 990) | | | | | | • | 1 1200001 P |
|---|-------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| 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 |
| ES SBS SOUTHDALE LLC 4355 N Hwy 169 Plymouth, MN 55442 | 81-4218249 | | 26,085. | 0. | | | Scholarship |
| Christ Evangelical Lutheran Church 32962 Vickers Street Northeast Cambridge, MN 55008 | 41-1292893 | 501(c)(3) | 6,189. | 0. | | | Scholarship |
| ALEXANDRA GOLOVKO 1370 E Arlington Avenue East Saint Paul, MN 55106 | 47-2819759 | | 6,151. | 0. | | | Scholarship |
| CASA DE CORAZON INC 8251 Elm Creek Boulevard North Maple Grove, MN 55369 | 26-2862666 | | 39,892. | 0. | | | Scholarship |
| ISD 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 Minneapolis, MN 55411 | 27-2399875 | | 6,000. | 0. | | | Scholarship |
| BLOOM EARLY LEARNING 17805 COUNTY RD 6 PLYMOUTH, MN 55447 | 41-1939043 | 501(c)(3) | 72,062. | 0. | | | Scholarship |
| THE FAMILY PARTNERSHIP 1527 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) | | | | | | - | 1 1200001 Pa |
|--|-------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other As | sistance to Domes | tic Organizations and | Domestic Governm | ents (Sche | edule I (Form 990), Pa | rt 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 |
| NEW CREATIONS CHILDCARE 16547 MARKETPLACE DR BIG LAKE, MN 55309 | 82-1931422 | | 35,233. | 0. | | | Scholarship |
| New Creations Child Care and Learning Center - 11806 ABERDEEN STREET NE - BLAINE, MN 55449 | 82-1934757 | | 6,387. | 0. | | | Scholarship |
| NEW CREATIONS CHILDCARE AND LEARNING CENTER - 877 W JEFFE AVE - ST. PAUL, MN 55012 | | | 18,559. | 0. | | | Scholarship |
| ST ALPHONSUS PARISH SCHOOL 7031 HALIFAX AVE N BROOKLYN CENTER, MN 55429 | 41-0846441 | | 26,929. | 0. | | | Scholarship |
| NC Properties at Andover LLC 11806 Aberdeen Street Northeast Blaine, MN 55449 | 82-1940679 | | 7,356. | 0. | | | Scholarship |
| Perspectives Inc 3381 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 |
| WESTWOOD LUTHERAN CHURCH 9001 CEDAR LAKE RD ST LOUIS PARK, MN 55426 | 41-0734779 | 501(c)(3) | 7,437. | 0. | | | Scholarship |
| LUCKY CHILD CARE CENTER 525 Northeast Lowry Avenue Minneapolis, MN 55418 | 46-1224233 | | 22,979. | 0. | | | Scholarship |

| schedule i (Form 990) | | | | | | | |
|---|--------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other As | sistance to Domes | tic Organizations and | Domestic Governm | ents (Sche | edule I (Form 990), Pa | rt 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 2438 18th Avenue South Minneapolis, MN 55404 | 20-4502788 | 501(c)(3) | 273,007. | 0. | | | Scholarship |
| TWIN CITIES CHILD CARE CENTER 1925 Portland Avenue South Minneapolis, MN 55404 | 27-0297780 | | 17,054. | 0. | | | Scholarship |
| METRO LEARNING CENTER INC 2833 13TH AVE S STE 200 MINNEAPOLIS, MN 55407 | 82-3334358 | | 25,237. | 0. | | | Scholarship |
| ACADEMIA ELZE 4 W FRANKLIN AVE MINNEAPOLIS, MN 55404 | 82-4001502 | | 25,521. | 0. | | | Scholarship |
| SUMMIT EARLY LEARNING CENTE 1015 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405 | R 41-1855935 | | 57,615. | 0. | | | Scholarship |
| NOKOMIS DAYCARE CENTER INC 4010 BLOOMINGTON AVE S MINNEAPOLIS, MN 55407 | 45-4189885 | | 9,063. | 0. | | | Scholarship |
| OPEN ARMS EDUCATION & CHILD CENTER - 3355 Hiawatha Avenue - Minneapolis, MN 55406 | CARE 27-1123534 | | 12,110. | 0. | | | Scholarship |
| WECARE CHILDCARE CENTER 3553 Penn Ave N Minneapolis, MN 55412 | 81-1102083 | | 18,057. | 0. | | | Scholarship |

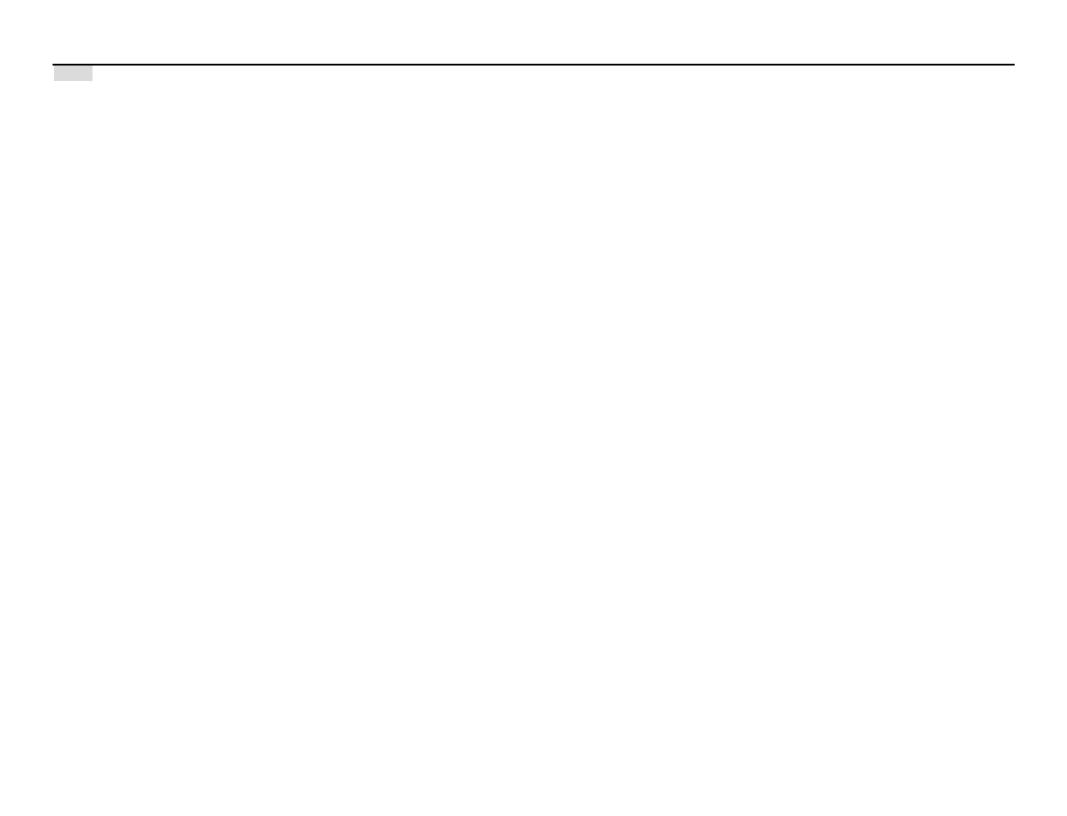
| Schedule I (Form 990) | | | | | | <u> </u> | . 1200001 Pag |
|---|----------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other As | sistance to Dome: | stic Organizations and | Domestic Governm | nents (Sche | edule I (Form 990), Pa | rt 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 |
| ARTA CHILD CARE CENTER INC 3401 CHICAGO AVE S MINNEAPOLIS, MN 55407 | 46-2842530 | | 6,150. | 0. | | | Scholarship |
| SUZETTE HUSTON 5547 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 WOODBI WOODBURY, MN 55129 | JRY 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 |
| MILLENNIUM LEARNING CENTER I Blaine PKWY - 1390 PAUL PARKWA BLAINE, MN 55434 | | | 14,016. | 0. | | | Scholarship |
| TUTOR TIME LEARNING CENTER L 32209 Collection Center Drive Chicago, IL 60693 | LC 36-4500741 | | 178,842. | 0. | | | Scholarship |
| World Around Us Childcare - White Bear Lake - 5065 Stewart Avenue - White Bear Lake, MN 55110 | 41-1887084 | | 5,872. | 0. | _ | | Scholarship |

| Schedule I (Form 990) Think Small | | | | | | 4 | 1-1260581 Page |
|---|-------------------|-------------------------------|--------------------------|---|--|--|------------------------------------|
| Part II Continuation of Grants and Other As | sistance to Domes | stic Organizations and | Domestic Governm | nents (Sche | edule I (Form 990), Pa | rt II.) | <u> </u> |
| (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 4749 HIAWATHA AVE S MINNEAPOLIS, MN 55406 | 36-4709724 | | 8,343. | 0. | | | Scholarship |
| CLOSE TO MY HEART 1740 VAN DYKE ST MAPLEWOOD, MN 55109 | 41-1847732 | 501(c)(3) | 92,816. | 0. | | | Scholarship |
| LAKE 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 MINNEAPOLIS, 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 Minneapolis, MN 55414 | 41-1343909 | 501(c)(3) | 39,328. | 0. | | | Scholarship |
| MOUNT CALVARY LUTHERAN CHU MOUNT 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 Page 1 |
|--|-----------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other As | sistance to Domes | tic Organizations and | Domestic Governn | nents (Scho | 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 |
| PEACE OF MIND DAYCARE INC 9025 TAMARACK RD WOODBURY, MN 55125 | 41-1739539 | | 21,555. | 0. | | | Scholarship |
| ES SBS BROOKLYN PARK 4355 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 INC - 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 Assistance to Domestic Organizations and Domestic Governments | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|--|--|--|--|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Part II Continuation of Grants and Other A | ssistance to Domes | tic Organizations and | Domestic Governments (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) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

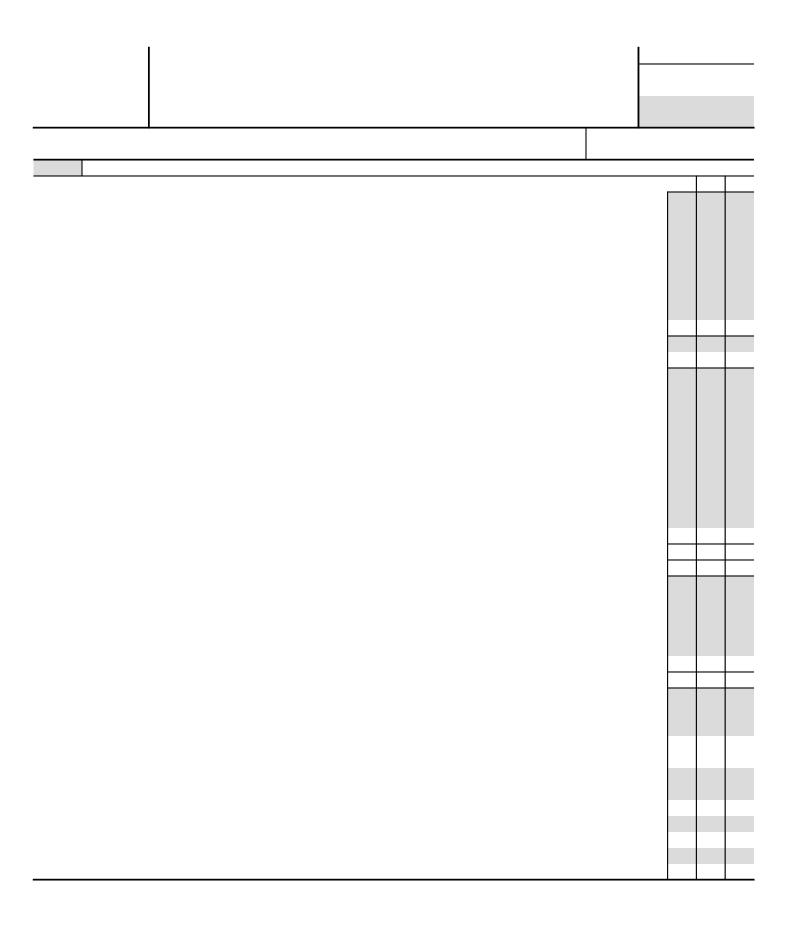


| Part II Continuation of Grants and Other As | Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments | | | | | | | | | | |
|---|--|-----|-----|-----|-----|-----|-----|--|--|--|--|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | | | | |
| | | | | | |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

| art II Continuation of Grants and Other A | Assistance to Domes | tic Organizations and | Domestic Governr | 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, 1 49 | (g) 7.54 515.90cp-4rp53(d | (h) ;) Name andauAeaN5 e, i9 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Think Small 41-1260581 Schedule I (Form 990) 2020 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant 1,844,393. Scholarships 194 0. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

032102 11-02-20 Schedule I (Form 990) 2020



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

| Schedule J (Form 990) 2020 | Think Small | 41-1260581 | Page 3 |
|--------------------------------------|---|---|--------|
| Part III Supplemental Information | | | |
| Provide the information, explanation | on, 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 | ١. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| OMR | Nο | 1545 | -0047 |
|-----|----|------|-------|

Department of the Treasury Internal Revenue Service

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

Name of the organization

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 - | Historical treasures ~~~~~~ | | | | |
| 3 | Art - | Fractional interests ~~~~~~ | | | | |
| 4 | Bool | ks and publications ~~~~~~~ | | | | |
| 5 | Clot | ning and household goods ~~~~~ | | | | |
| 6 | Cars | and other vehicles ~~~~~~~ | | | | |
| 7 | Boat | s and planes ~~~~~~~~ | | | | |
| 8 | Intel | lectual property ~~~~~~~ | | | | |
| 9 | Sec | urities - Publicly traded ~~~~~~ | | | | |
| 10 | Sec | urities - Closely held stock ~~~~~~ | | | | |
| 11 | Sec | urities - Partnership, LLC, or | | | | |
| | trust | interests ~~~~~~~ | | | | |
| 12 | Sec | urities - Miscellaneous ~~~~~~ | | | | |
| 13 | Qua | lified conservation contribution - | | | | |
| | Histo | oric structures ~~~~~~~~ | | | | |
| 14 | Qua | lified conservation contribution - Other ~ | | | | |
| 15 | Rea | estate - Residential ~~~~~~ | | | | |
| 16 | Rea | estate - Commercial ~~~~~~ | | | | |
| 17 | Rea | estate - Other ~~~~~~~~ | | | | |
| 18 | | ectibles ~~~~~~~ | | | | |
| 19 | Food | d inventory ~~~~~~~~ | | | | |
| 20 | Drug | gs and medical supplies ~~~~~~ | | | | |
| 21 | Taxi | dermy ~~~~~~~~ | | | | |
| 22 | Histo | orical artifacts ~~~~~~~~ | | | | |
| 23 | Scie | ntific specimens ~~~~~~~~ | | | | |
| 24 | Arch | eological artifacts ~~~~~~~ | | | | |
| 25 | Othe | `, | | | | |
| 26 | Othe | er () | | | | |
| 27 | Othe | er () | | | | |
| 28 | Othe | , , , | | | | |
| 29 | | ber of Forms 8283 received by the organiz | - | • | | |
| | for v | hich the organization completed Form 828 | 3, Part V, D | onee Acknowledge | ement ~~~ 29 | |
| | | | | | | Yes No |
| 30a | | ng the year, did the organization receive by | | | | |
| | | t hold for at least three years from the date | | | · · | |
| | | npt purposes for the entire holding period? | ~~~~~ | .~~~~~~~~~ | ~~~~~~~ | 30a |
| | | | | | | |
| 31 | 1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 | | | | | |
| 32a | | | | | | |
| | | | | | | 32a |
| b | | | | | | |
| 33 | | | | | | |
| | | | | | | |

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



SCHEDULE O

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ) Department of the Treasury

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

Open to Public Inspection

Employer identification number

Think Small 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 | Page 2 |
|---|---|
| Name of the organization Think Small | 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. | |