

Form

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization D Employer identification number E Telephone number F Name and address of principal officer: G Gross receipts \$ H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: K Form of organization: L Year of formation: M State of legal domicile:

Table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3-7a Financial metrics 7b Net unrelated business taxable income 8-12 Revenue items 13-19 Expense items 20-22 Net Assets or Fund Balances

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 belief, the information is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Type or print name and title. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Yes No



Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

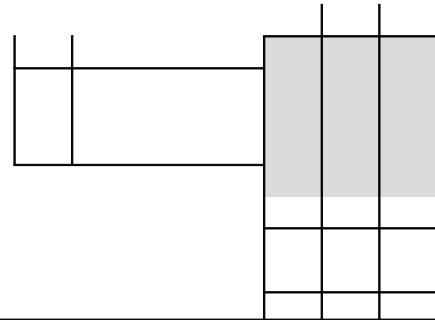
Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements like grants, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

		Yes	No
2a	2a		
b		2b	
Note:			
3a		3a	
b		3b	
4a		4a	
b			
5a		5a	
b		5b	
c		5c	
6a		6a	
b		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a		7a	
b		7b	
c		7c	
d	7d		
e		7e	
f		7f	
g		7g	
h		7h	
8		8	
9		9a	
		9b	
10			
11			
12			
13			
14			
15			
16			





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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Marilyn Burnett Director	1.00	X					0.	0.	0.	
(19) Megan Gunnar Director	1.00	X					0.	0.	0.	
(20) Tracy Nordstrom Director	1.00	X					0.	0.	0.	
(21) Trent Tucker Director	1.00	X					0.	0.	0.	
(22) Weston Merrick Director	1.00	X					0.	0.	0.	
(23) Yolanda J. Majors Director	1.00	X					0.	0.	0.	
1b Subtotal ~~~~~							692,384.	0.	105,246.	
c Total from continuation sheets to Part VII, Section A ~~~~~							0.	0.	0.	
d Total (add lines 1b and 1c) .....							692,384.	0.	105,246.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 5

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ~~~~~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ~~~~~	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Mytech Partners, Inc. 300 2nd Street NW, New Brighton, MN 55112	IT Support	310,202.
Versa Press, Inc. 1465 Spring Bay Road, East Peoria, IL 61611	Printing & Binding Books	233,443.
The Dingley Press, Inc. CL 300028, Lewiston, ME 04243-9596	Redleaf Press Mailings	159,749.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 3





				(A)	(B)	(C)	(D)	
1	a	1						
	b	1						
	c	1						
	d	1						
	e	1						
	f							
	Noncash contributions included in lines 1a-1f							1
								1

			Business Code				
_____							
_____							
_____							
_____							


			Business Code				
_____							
_____							
_____							

**Total revenue.**



**Part 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
Assets	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, substantial contributor, or 35% controlled entity or family member of any of these persons ~~~~~		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ~~~		6
	7 Notes and loans receivable, net ~~~~~		7
	8 Inventories for sale or use ~~~~~		8
	9 Prepaid expenses and deferred charges ~~~~~		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~	10a	
	b Less: accumulated depreciation ~~~~~	10b	10c
	11 Investments - publicly traded securities ~~~~~		11
	12 Investments - other securities. See Part IV, line 11 ~~~~~		12
	13 Investments - program-related. See Part IV, line 11 ~~~~~		13
	14 Intangible assets ~~~~~		14
	15 Other assets. See Part IV, line 11 ~~~~~		15
16 <b>Total assets. Add lines 1 through 15 (must equal line 33) .....</b>		16	
Liabilities	17 Accounts payable and accrued expenses ~~~~~		17
	18 Grants payable ~~~~~		18
	19 Deferred revenue ~~~~~		19
	20 Tax-exempt bond liabilities ~~~~~		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~		21
	22 Loans and other 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 ~~~~~		22
	23 Secured mortgages and notes payable to unrelated third parties ~~~~~		23
	24 Unsecured notes and loans payable to unrelated third parties ~~~~~		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~~~~~		25
	26 <b>Total liabilities. Add lines 17 through 25 .....</b>		26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here   and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions ~~~~~		27
	28 Net assets with donor restrictions ~~~~~		28
	Organizations that do not follow FASB ASC 958, check here   and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds ~~~~~		29
	30 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~		30
	31 Retained earnings, endowment, accumulated income, or other funds ~~~~		31
32 <b>Total net assets or fund balances ~~~~~</b>		32	
33 <b>Total liabilities and net assets/fund balances .....</b>		33	

**Part 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	26,515,746.
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	920,000.
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	4,432,244.

**Part XII** Financial Statements and Reporting

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

				X	
		Yes	No		
1	Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....				X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant? .....	X			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:					
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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, review, or compilation of its financial statements and selection of an independent accountant? .....	X			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	X			

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <p style="text-align: center;">Think Small</p>	Employer identification number <p style="text-align: center;">41-1260581</p>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
  - 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
  - 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
  - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
  - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
  - 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
  - 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
  - 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
  - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
    - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
    - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
    - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
    - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
    - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
    - f Enter the number of supported organizations ~~~~~

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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 organization's benefit and either paid to or expended on its behalf ~~~~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~~~						
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, etc. (see instructions) ~~~~~ 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....

14 Public support percentage for 2020 (line 6, column (f), 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 - 2020. stop here.

b 10% -facts-and-circumstances test - 2019. stop here.

18 Private foundation.

(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						
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						
c						
8 Public support. (Subtract line 7c from line 6.)						

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 businesses acquired after June 30, 1975						
c						
11						
12						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First 5 years.						

stop here

15		15	
16		16	

17	2020	17	
18	2019	18	

19a 33 1/3% support tests - 2020.

stop here.

b 33 1/3% support tests - 2019.

stop here.

20 Private foundation.



		Yes	No
1	Part VI		
2	Part VI		
3a			
b			
c			
4a			
b			
c			
5a			
b			
c			
6			
7			
8			
9			
10			



		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the governing body members of 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 "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	Complete line 2 below.		
b	Complete line 3 below.		
c	Describe in Part VI how you supported a governmental entity (see instructions).		
2	Answer lines 2a and 2b below.		
a	If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Answer lines 3a and 3b below.		
a	If "Yes" or "No" provide details in Part VI.	3a	
b	If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	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 emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

[Redacted]

[Redacted]

[Redacted]



(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

| Attach to Form 990, Form 990-EZ, or Form 990-PF.  
| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	

Employer identification number



(a) No. from Part I		(c)	
_____	_____ _____ _____ _____	_____	_____
_____	_____ _____ _____ _____	_____	_____
_____	_____ _____ _____ _____	_____	_____
_____	_____ _____ _____ _____	_____	_____
_____	_____ _____ _____ _____	_____	_____
_____	_____ _____ _____ _____	_____	_____

Name of organization  <b>Think Small</b>	Employer identification number  <b>41-1260581</b>
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**Part III** 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 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. once) 1 \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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

**2020**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public  
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then  
 ✘ 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 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>Think Small</b>	Employer identification number <b>41-1260581</b>
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**Part I-A** Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ~~~~~ **J** \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ~~~~~ \_\_\_\_\_

**Part I-B** Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ~~~~~ **J** \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ~~~~~ **J** \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ~~~~~ Yes No
- 4a Was a correction made? ~~~~~ Yes No
- b If "Yes," describe in Part IV.

**Part I-C** Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ~~~~ **J** \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ~~~~~ **J** \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ~~~~~ **J** \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? ~~~~~ Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

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- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals										
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying) ~~~~~												
b Total lobbying expenditures to influence a legislative body (direct lobbying) ~~~~~												
c Total lobbying expenditures (add lines 1a and 1b)												
d												
e												
f												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: none;">If the amount on line 1e, column (a) or (b) is:</td> <td style="border: none;">The lobbying nontaxable amount is:</td> </tr> <tr><td style="border: none;"> </td><td style="border: none;"> </td></tr> <tr><td style="border: none;"> </td><td style="border: none;"> </td></tr> <tr><td style="border: none;"> </td><td style="border: none;"> </td></tr> <tr><td style="border: none;"> </td><td style="border: none;"> </td></tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:										
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:											
g												
h												
i												
j												

Yes      No

4-Year Averaging Period Under Section 501(h)  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
	(a)	(b)	(c)	(d)	(e)
2a					
b					
c					
d					
e					
f					

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

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		Yes	No
1	1		
2	2		
3	3		

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1 2 (do not include amounts of political expenses for which the section 527(f) tax was paid). a b c 3 4 5	1 2a 2b 2c 3 4 5	
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(Form 990)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

Employer identification number

	(a)	(b)
1		
2		
3		
4		
5		
6		Yes No

	Held at the End of the Tax Year

\_\_\_\_\_

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\_\_\_\_\_

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3

a

b

c

4

5

d

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[ ]

(a)	(including name of security)	(b)	(c)
(1)			
(2)			
(3)			
<b>Total.</b>			

[ ]

(a)	(b)	(c)
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b>		

[ ]

(a)	(b)
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b>	

[ ]

1.	(a)	(b)
<b>Total.</b>		

2.

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements ~~~~~	26,832,177.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments ~~~~~	
2a	199,213.	
b	Donated services and use of facilities ~~~~~	
2b		
c	Recoveries of prior year grants ~~~~~	
2c		
d	Other (Describe in Part XIII.) ~~~~~	
2d		
e	Add lines 2a through 2d ~~~~~	199,213.
2e		
3	Subtract line 2e from line 1 ~~~~~	26,632,964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~	
4a		
b	Other (Describe in Part XIII.) ~~~~~	
4b		
c	Add lines 4a and 4b ~~~~~	0.
4c		
5	<b>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....</b>	<b>26,632,964.</b>

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements ~~~~~	26,515,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities ~~~~~	
2a		
b	Prior year adjustments ~~~~~	
2b		
c	Other losses ~~~~~	
2c		
d	Other (Describe in Part XIII.) ~~~~~	
2d		
e	Add lines 2a through 2d ~~~~~	0.
2e		
3	Subtract line 2e from line 1 ~~~~~	26,515,746.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~	
4a		
b	Other (Describe in Part XIII.) ~~~~~	
4b		
c	Add lines 4a and 4b ~~~~~	0.
4c		
5	<b>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....</b>	<b>26,515,746.</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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| 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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

Name of the organization

Employer identification number

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~ ~ Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Subtotal ~~~~~					
b Total from continuation sheets to Part I ~~~					
c Totals (add lines 3a and 3b) ~~~~~					



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(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 ~~~~~ | \_\_\_\_\_

3 Enter total number of other organizations or entities ..... | \_\_\_\_\_

**Part III** Grants and Other Assistance to Individuals Outside the United States.

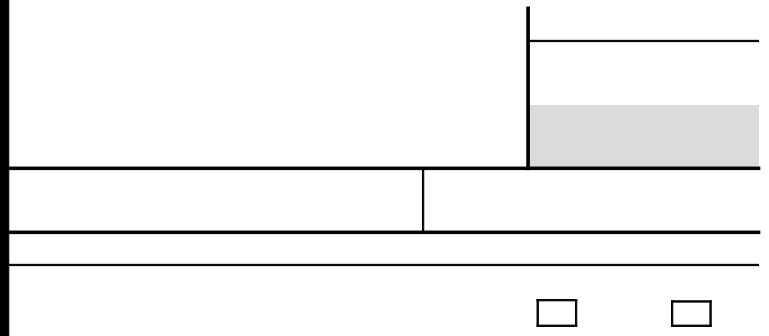
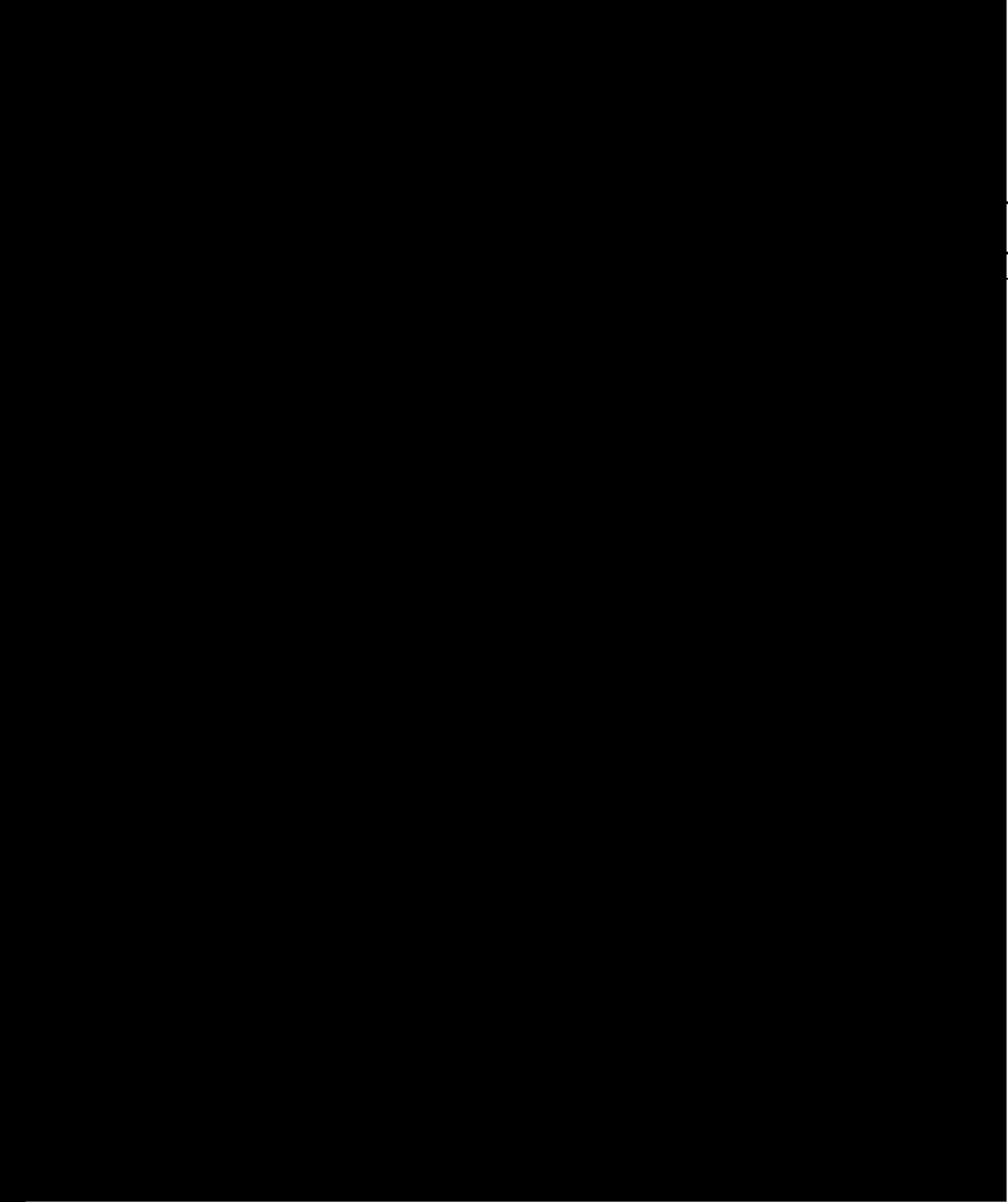
Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)







Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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 DEVELOPMENT							

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

(a)							

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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 Inver Grove Heights, MN 55076	45-5587465		34,695.	0.			Scholarship
TENDERCARE LEARNING CENTER LLC 8040 Old Cedar Ave South STE 3 Bloomington, MN 55425	81-2330797		53,037.	0.			Scholarship



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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 MONTESSORI SCHOOL INC - 825 51ST AVE NE - COLUMBIA HEIGHTS, MN 55421	41-1327355	501(c)(3)	26,299.	0.			Scholarship
RAINBOW CHILD DEVELOPMENT INC 605 Como Avenue Saint Paul, MN 55103	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 AND FAMILY DEVELOPMENT - 3395 PLYMOUTH RD - MINNETONKA, MN 55305	41-1429208	501(c)(3)	14,737.	0.			Scholarship
CEDAR RIVERSIDE CHILD CARE CENTER 406 Cedar Ave. South Minneapolis, MN 55454	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 CHILD CARE CENTER - 120 W. EVERETT AVE - FERGUS FALLS, MN 56537	41-0976144		6,510.	0.			Scholarship
MIDWEST CHILD DEVELOPMENT LLC 1514 Englewood Avenue St. Paul, MN 55104	46-5605732		5,823.	0.			Scholarship
LAKES INTERNATION LANGUAGE ACADEMY 246 11TH AVE SE FOREST LAKE, MN 55025	20-0393839		11,349.	0.			Scholarship

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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 CENTER 1301 10th Avenue North Minneapolis, MN 55411							

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
MOIN INCORPORATED 9780 BROOKVIEW CIR EDEN PRAIRIE, MN 55347	41-1671453		7,395.	0.			Scholarship
HALLIE Q BROWN COMMUNITY CENTER INC - 270 N KENT ST - ST PAUL, MN 55102	41-0693846	501(c)(3)	64,035.	0.			Scholarship
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL STE 500 MINNEAPOLIS, MN 55402							

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
CITY CHILD CARE CENTER LLC 626 Nicollet Ave S Minneapolis, MN 55408	47-4400216		26,000.	0.			Scholarship
CORNERSTONE MONTESSORI SCHOOL 611 AMES AVE ST PAUL, MN 55106	41-1361913	501(c)(3)	47,165.	0.			Scholarship
CHURCH OF ST FRANCIS DE SALES 749 JUNO AVE ST PAUL, MN 55102	41-0721706	501(c)(3)	25,914.				

Part II


Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CRAYON BOX CHILD CARE CENTER 7751 E RIVER RD 751 E RIVER RDSchedule I (F.35 wj 1 0 0 1s	10101260581						

032241 11-05-20

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
MES AMIS FRENCH SCHOOL LLC 1430 MEADOW CT CHASKA, MN 55318	20-2554487		5,351.	0.			Scholarship
CHILDRENS DISCOVERY CHILD CARE AND LEARNING INC - 3665 TALMAGE CIR - VADNAIS HEIGHTS, MN 55110	41-1391058		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 CHURCH 820 LAKE DR Chanhassen, MN 55317	41-1340011	501(c)(3)	8,292.	0.			Scholarship

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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 CENTER 2652 CHICAGO AVE S MINNEAPOLIS, MN 55407	82-1735342		12,940.	0.			Scholarship
LIBAN CHILD CARE CENTER INC 3504 SNELLING AVE S MINNEAPOLIS, MN 55406	46-1491030		5,956.	0.			Scholarship



Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA CHILD CARE CENTER 312 West Lake Street Minneapolis, MN 55408	46-5432100		17,564.	0.			Scholarship
RICHFIELD EVANGELICAL LUTHERAN CHURCH - 8 W 60TH ST - MINNEAPOLIS, MN 55419	41-0693948	501(c)(3)	31,615.	0.			Scholarship
PILLSBURY UNITED COMMUNITIES 3501 CHICAGO AVE S MINNEAPOLIS, MN 55407	41-0916478	501(c)(3)	44,282.	0.			Scholarship
MILLENNIUM LEARNING CENTER INC - Maple Knoll Way - 13961 Maple Knoll Way - Maple Grove, MN 55369	41-1961897		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 Avenue Northwest - New Brighton, MN 55112	41-0732498	501(c)(3)	13,639.	0.			Scholarship
ANEW DIMENSION CHILD ENRICHMENT CENTER - 1819 MINNEHAHA AVE S - MINNEAPOLIS, MN 55404	41-1628289	501(c)(3)	97,313.	0.			Scholarship

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
ES SBS SOUTHDALÉ 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 AVE S HOPKINS, MN 55343	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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
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 JEFFERSON AVE - ST. PAUL, MN 55012	45-2102817		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
OLUS CENTER LLC 1315 12TH AVE N MINNEAPOLIS, 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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
CIRCULO DE AMIGOS CHILD CARE CENTER LLC - 2830 CEDAR AVE S - MINNEAPOLIS, MN 55407	27-2100603		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 CENTER 1015 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405	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 CARE CENTER - 3355 Hiawatha Avenue - Minneapolis, MN 55406	27-1123534		12,110.	0.			Scholarship
WECARE CHILDCARE CENTER 3553 Penn Ave N Minneapolis, MN 55412	81-1102083		18,057.	0.			Scholarship

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
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 WOODBURY DR WOODBURY, MN 55129	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 INC - Blaine PKWY - 1390 PAUL PARKWAY - BLAINE, MN 55434	27-2293263		14,016.	0.			Scholarship
TUTOR TIME LEARNING CENTER LLC 32209 Collection Center Drive Chicago, IL 60693	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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
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 INC 700 HUMBOLDT AVE N MINNEAPOLIS, MN 55411	41-0956226	501(c)(3)	292,498.	0.			Scholarship
3 RS EARLY CHILDHOOD LEARNING CENTER - 4900 85TH AVE N - BROOKLYN PARK, MN 55443	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 CHURCH MOUNT CALVARY PRESCHOOL 301 CTY RD EXCELSIOR, MN 55331	41-0870777	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

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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 MONTICELLO INC - 2901 Clearwater Road - St. Cloud, MN 56301	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 INC 1430 PARK CT CHANHASSEN, MN 55317	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 Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section	001 7050 533	(e)	(f)	(g)	(h)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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, 1 497.54 515.90cp-4rp53(c))	(g)	(h) Name and address of recipient

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	194	1,844,393.	0.		

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

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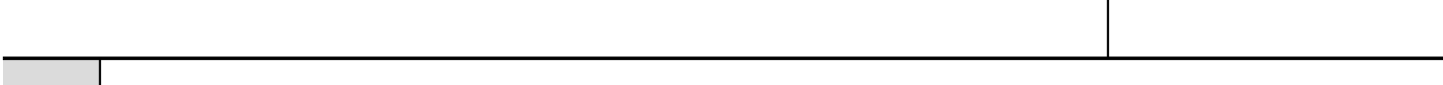
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**Part II** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

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





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](http://www.irs.gov/Form990) for instructions and the latest information.

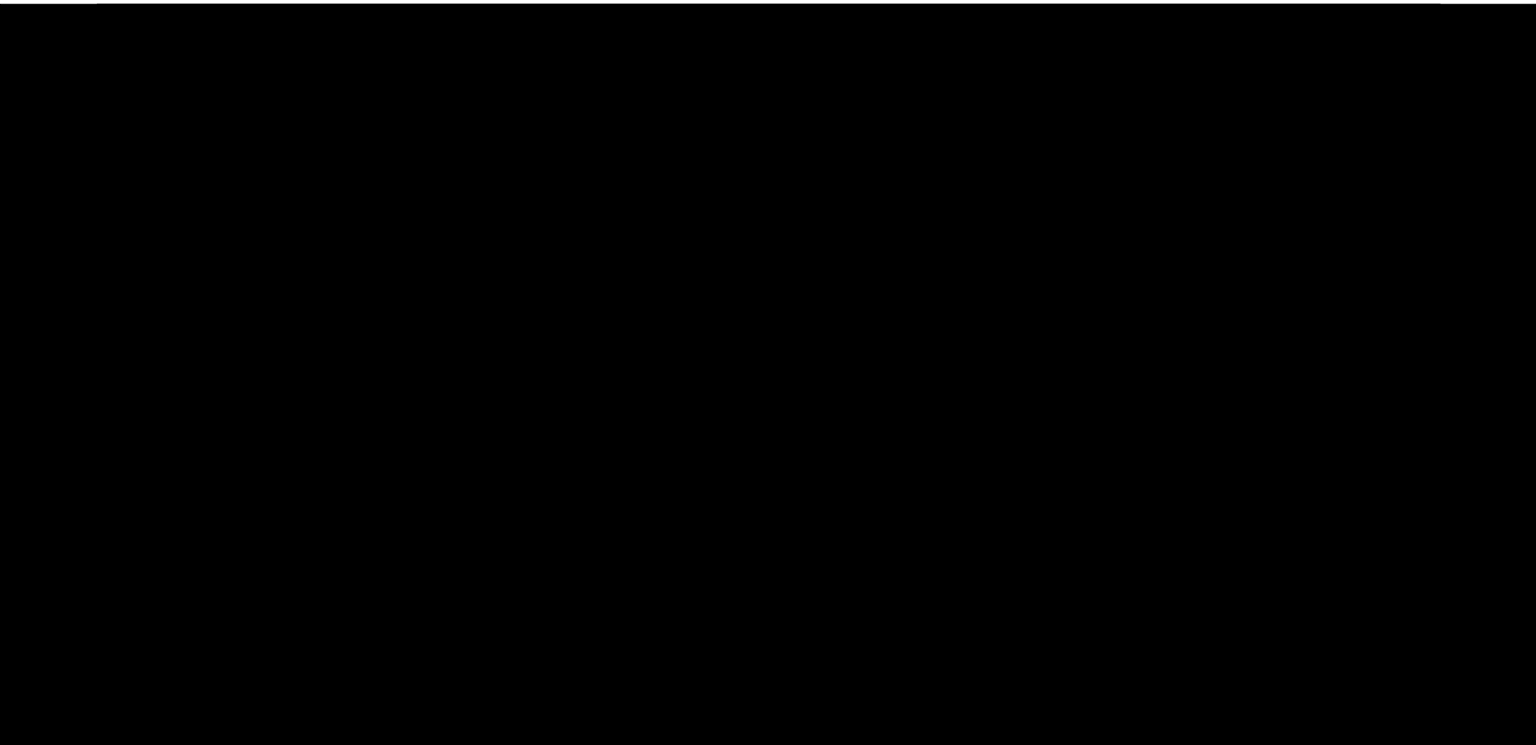
Open to Public  
Inspection

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 Books and publications ~~~~~				
5 Clothing and household goods ~~~~~				
6 Cars and other vehicles ~~~~~				
7 Boats and planes ~~~~~				
8 Intellectual property ~~~~~				
9 Securities - Publicly traded ~~~~~				
10 Securities - Closely held stock ~~~~~				
11 Securities - Partnership, LLC, or trust interests ~~~~~				
12 Securities - Miscellaneous ~~~~~				
13 Qualified conservation contribution - Historic structures ~~~~~				
14 Qualified conservation contribution - Other ~				
15 Real estate - Residential ~~~~~				
16 Real estate - Commercial ~~~~~				
17 Real estate - Other ~~~~~				
18 Collectibles ~~~~~				
19 Food inventory ~~~~~				
20 Drugs and medical supplies ~~~~~				
21 Taxidermy ~~~~~				
22 Historical artifacts ~~~~~				
23 Scientific specimens ~~~~~				
24 Archeological artifacts ~~~~~				
25 Other ( _____ )				
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ~~~~ 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ~~~~~		
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? ~~~~~		
32a		
b		
33		



SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

Think Small

Employer identification number

41-1260581

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

over 4,700 eligibility-based scholarships for families to enroll  
children in quality childcare programs in order to reduce opportunity  
gaps.

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

those in low-income neighborhoods, English language learners (ELL),  
communities of color, immigrant, and refugee families, so they can  
fully engage in Minnesota's early childhood care and education system.  
Staff assist nearly 1,000 new immigrant and other families and  
providers navigating complex government systems, connecting them to  
resources and services available at think small and other  
organizations. Staff provide language translation and interpretation

Name of the organization Think Small	Employer identification number 41-1260581
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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

Name of the organization Think Small	Employer identification number 41-1260581
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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.