

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Think Small Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 Yorkton Court City or town, state or province, country, and ZIP or foreign postal code Saint Paul, MN 55117 F Name and address of principal officer: Barbara Yates same as C above	D Employer identification number 41-1260581 E Telephone number (651) 641-0305 G Gross receipts \$ 31611209. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.thinksmall.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1975
		M State of legal domicile: MN

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: To advance quality care and education of children in their crucial early years.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	118
	6	Total number of volunteers (estimate if necessary)	6	18
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	24154380.	28232504.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55480.	224220.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106705.	26681.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2316399.	2064180.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26632964.	30547585.
14		Benefits paid to or for members (Part IX, column (A), line 4)	17178826.	21089545.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	6343792.	7161245.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 325997.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2993128.	3156670.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	26515746.	31407460.
	19	Revenue less expenses. Subtract line 18 from line 12	117218.	-859875.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	8914729.	8024590.
	22	Net assets or fund balances. Subtract line 21 from line 20	4482485.	4590006.
			4432244.	3434584.

Part II Signature Block

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, it 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 Barbara Yates, President and CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Steven D. Anseth, CPA	Preparer's signature Steven D. Anseth, CP
	Date 03/03/23	Check if self-employed <input type="checkbox"/> PTIN P00552219
	Firm's name ▶ Abdo LLP	Firm's EIN ▶ 41-1397419
	Firm's address ▶ 5201 Eden Ave Ste 250 Edina, MN 55436	Phone no. 952.835.9090

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: To advance quality care and education of children in their crucial early years.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 21264525. including grants of \$ 18789239.) (Revenue \$ 0.)

Strengthen Families:

Family engagement: Think Small is committed to strengthening family's access to high quality care as well as increasing their knowledge about early childhood development and preparing children for kindergarten. Think Small parent-powered texting delivers evidence-based texting messages to parents and caregivers, across MN, for children birth to 5 years old. These short text messages encourage parents to do fun and engaging activities with their children to increase their literacy and numeracy development as well as tips on how to be healthy. Over 10,000 families are currently enrolled.

Scholarships and other financial supports: Think Small serves providers and families with targeted financial supports. Think Small administers

4b (Code:) (Expenses \$ 8320562. including grants of \$ 2250306.) (Revenue \$ 2116668.)

Prepare providers:

Professional development, consultation, and coaching: Think Small provides metro-wide professional development opportunities focused on the essential elements of high-quality care. Opportunities include classes and workshops provided in English, Spanish, Hmong, Somali, Oromo, Amharic, and Karen; individual and site-based consultation and coaching support; business support to help maintain a successful childcare business; and career guidance for certification and licensing. Over 11,000 child care providers take part in trainings and coaching every year.

Community outreach and access: Think Small's multilingual outreach staff connects with historically underserved communities, including

4c (Code:) (Expenses \$ 467903. including grants of \$ 50000.) (Revenue \$)

Catalyze change:

Beanstalk: Think Small has an innovation lab where high-potential services are developed, implemented and when merited, scaled, with the end goal of ensuring every child in Minnesota is ready for kindergarten. Think Small participates in a variety of state and national early learning policy coalitions and workgroups and plays an important role in advancing policy efforts such as parent aware, early learning scholarships, childcare assistance and most recently the economic development of the child care sector. By leading from the development of policy concepts through the piloting stages and by helping take promising initiatives to scale, Think Small has helped improve access to quality early learning opportunities and has helped

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 30052990.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 303	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	18	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
- Mark Cross - (651) 641-0305**
10 Yorkton Court, Saint Paul, MN 55117

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) Barbara Yates President and CEO	50.00			X				205876.	0.	44667.
(2) Mark Cross Chief Operating Officer	40.00			X				175097.	0.	10271.
(3) Cisa Keller SVP EC Quality Development	40.00					X		123424.	0.	17796.
(4) Jonathan May VP of Innovations & Develo	40.00					X		111639.	0.	19279.
(5) Diane Haulcy SVP of Family Engagement	40.00					X		114413.	0.	5183.
(6) Tanya Skogerboe Chair	1.00	X		X				0.	0.	0.
(7) Sarah Wade Treasurer	1.00	X		X				0.	0.	0.
(8) Margeaux King Secretary	1.00	X		X				0.	0.	0.
(9) Robbin Johnson Past Chair	1.00	X						0.	0.	0.
(10) Andrea Singh Director	1.00	X						0.	0.	0.
(11) Arthur Rolnick Director	1.00	X						0.	0.	0.
(12) Cory Padesky Director	1.00	X						0.	0.	0.
(13) Fred Senn Director	1.00	X						0.	0.	0.
(14) Jaylon Rosenblum Director	1.00	X						0.	0.	0.
(15) Jim Sparks Director	1.00	X						0.	0.	0.
(16) Andrea Stern Director	1.00	X						0.	0.	0.
(17) Megan Gunnar Director	1.00	X						0.	0.	0.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Tracy Nordstrom Director	1.00	X						0.	0.	0.
(19) Trent Tucker Director	1.00	X						0.	0.	0.
(20) Weston Merrick Director	1.00	X						0.	0.	0.
(21) Yolanda J. Majors Director	1.00	X						0.	0.	0.
(22) Andre Dukes Director	1.00	X						0.	0.	0.
1b Subtotal								730449.	0.	97196.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								730449.	0.	97196.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	262176.
Versa Press Inc 1465 Spring Bay Road, East Peoria, IL 61611	Printing & Binding Books	243965.
The Dingley Press Inc CL 300028, Lewiston, ME 04243-9596	Redleaf Press Mailings	184976.
Oracle America, Inc, Bank of America Lockbox Services, Chicago, IL 60693	ERP Software	100453.

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 **4**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	26760003.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1472501.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 43105.				
	h Total. Add lines 1a-1f			28232504.			
Program Service Revenue	2 a Professional Development	Business Code	611710	175785.	175785.		
	b Other Program Service Fees		611710	43020.	43020.		
	c Event fees		611710	5415.	5415.		
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			224220.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33149.		33149.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			143887.		143887.	
	6 a Gross rents	6a	(i) Real	27845.			
			(ii) Personal				
	b Less: rental expenses ...	6b		0.			
	c Rental income or (loss)	6c		27845.			
	d Net rental income or (loss)			27845.		27845.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	118578.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		125046.			
c Gain or (loss)	7c		-6468.				
d Net gain or (loss)			-6468.		-6468.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	2831026.					
b Less: cost of goods sold	10b	938578.					
c Net income or (loss) from sales of inventory			1892448.	1892448.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			30547585.	2116668.	0.	198413.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18789239.	18789239.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2300306.	2300306.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	397926.	143253.	198963.	55710.
7 Other salaries and wages	5569206.	5019426.	390229.	159551.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	770497.	691915.	61021.	17561.
10 Payroll taxes	423616.	365597.	38815.	19204.
11 Fees for services (nonemployees):				
a Management				
b Legal	6401.		6401.	
c Accounting	22806.		22806.	
d Lobbying	137849.	137849.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4103.		4103.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	376127.	250657.	121818.	3652.
12 Advertising and promotion	491325.	487526.	3799.	
13 Office expenses	627468.	562356.	18238.	46874.
14 Information technology				
15 Royalties				
16 Occupancy	693267.	645036.	39658.	8573.
17 Travel	15576.	1542.	13786.	248.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50931.	48034.		2897.
20 Interest	1081.	1081.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	536216.	506941.	22758.	6517.
23 Insurance	92790.	41214.	50559.	1017.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>Credit Card/Bank Fees</u>	65440.	33106.	28873.	3461.
b <u>Subscriptions and dues</u>	33007.	27621.	4743.	643.
c <u>Miscellaneous Expense</u>	2283.	291.	1903.	89.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	31407460.	30052990.	1028473.	325997.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	2103703.	1	904862.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	10261.	3	10000.
	4 Accounts receivable, net	2248959.	4	2880149.
	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	503934.	8	491938.
	9 Prepaid expenses and deferred charges	143134.	9	189889.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4436897.		
	b Less: accumulated depreciation	10b 3600369.		
	11 Investments - publicly traded securities	997006.	10c	836528.
	12 Investments - other securities. See Part IV, line 11	1102670.	11	1656346.
	13 Investments - program-related. See Part IV, line 11	794096.	12	109549.
	14 Intangible assets	1366.	13	
	15 Other assets. See Part IV, line 11	1009600.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	8914729.	15	945329.	
		16	8024590.	
Liabilities	17 Accounts payable and accrued expenses	3384490.	17	4153254.
	18 Grants payable		18	
	19 Deferred revenue	648558.	19	436752.
	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	449437.	24	0.
	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 Total liabilities. Add lines 17 through 25	4482485.	26	4590006.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4045713.	27	3319584.
	28 Net assets with donor restrictions	386531.	28	115000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 Total net assets or fund balances	4432244.	32	3434584.
	33 Total liabilities and net assets/fund balances	8914729.	33	8024590.

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	30547585.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31407460.
3	Revenue less expenses. Subtract line 2 from line 1	3	-859875.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4432244.
5	Net unrealized gains (losses) on investments	5	-137785.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	3434584.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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:
 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, review, or compilation of its financial statements and selection of an independent accountant?
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?
- 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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

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

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).)
- 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 on 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30886658.	30180011.	27014489.	24154380.	28232504.	140468042
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	30886658.	30180011.	27014489.	24154380.	28232504.	140468042
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.						140468042

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	30886658.	30180011.	27014489.	24154380.	28232504.	140468042
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53791.	35121.	70574.	130578.	177036.	467100.
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.)	27919.	27916.	175756.	97375.	76280.	405246.
11 Total support. Add lines 7 through 10						141340388
12 Gross receipts from related activities, etc. (see instructions)					12	12006433.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.38	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.51	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **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

- 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 Think Small	Employer identification number 41-1260581
--------------------------------------------	-----------------------------------------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 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 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did 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 ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	137314.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	535.													
c	Total lobbying expenditures (add lines 1a and 1b)	137849.													
d	Other exempt purpose expenditures	29915141.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	30052990.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1000000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1000000.	1000000.	1000000.	1000000.	4000000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6000000.
c Total lobbying expenditures	91999.	151417.	84020.	137849.	465285.
d Grassroots nontaxable amount	250000.	250000.	250000.	250000.	1000000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1500000.
f Grassroots lobbying expenditures	88410.	113563.	84020.	137314.	423307.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		205000.		205000.
b Buildings		2750902.	2519912.	230990.
c Leasehold improvements				
d Equipment		1480995.	1080457.	400538.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				836528.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Security Deposits	6119.
(2) Capitalized Development Costs, Net	939210.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	945329.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 30547585.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 31407460.

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.

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ 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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

Think Small

41-1260581

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 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
Central America and the Caribbean	0	0	Investment	N/A	109549.
3 a Subtotal	0	0			109549.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			109549.

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

Schedule F (Form 990) 2021

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 IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW HORIZON CHILD CARE INC 3405 ANNAPOLIS LN N PLYMOUTH, MN 55447	41-1569865		5787663.	0.			SCHOLARSHIP
KUEHG Corp 5005 Meadows Road Lake Oswego, OR 97035	47-4478313		2241442.	0.			SCHOLARSHIP
PARENTS IN COMMUNITY ACTION INC 700 HUMBOLDT AVE N MINNEAPOLIS, MN 55411	41-0956226	501(c)(3)	666773.	0.			SCHOLARSHIP
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL STE 500 MINNEAPOLIS, MN 55402	45-2563299	501(c)(3)	557548.	0.			SCHOLARSHIP
COMMUNITY ACTION PARTNERSHIPS RAMSEY & WASHINGTON COUNTIES - 450 S SYNDICATE ST - ST PAUL, MN 55104	41-0883443	501(c)(3)	574650.	0.			SCHOLARSHIP
BABYS SPACE A PLACE TO GROW 2438 18th Avenue South Minneapolis, MN 55404	20-4502788	501(c)(3)	358565.	0.			SCHOLARSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **70.**
- 3** Enter total number of other organizations listed in the line 1 table **130.**

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ST PAUL AND MINNEAPOLIS - 1000 PLYMOUTH AVE N - MINNEAPOLIS, MN 55411	41-1302487	501(c)(3)	324510.	0.			SCHOLARSHIP
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403-2405	41-0693891	501(c)(3)	276045.	0.			SCHOLARSHIP
LA CRECHE EARLY CHILDHOOD CENTERS 1800 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55411	41-0958652	501(c)(3)	280340.	0.			SCHOLARSHIP
KHCD II INC 3405 Annapolis Lane North Plymouth, MN 55447	41-1665459		268725.	0.			SCHOLARSHIP
ES SBS BROOKLYN PARK 4355 N Hwy 169 Plymouth, MN 55442	81-4309057		230924.	0.			SCHOLARSHIP
3 RS EARLY CHILDHOOD LEARNING CENTER - 4900 85TH AVE N - BROOKLYN PARK, MN 55443	37-1580191	501(c)(3)	202826.	0.			SCHOLARSHIP
ESPECIALLY FOR CHILDREN INC 5223 W 73RD ST EDINA, MN 55439	41-1318998		186588.	0.			SCHOLARSHIP
TUTOR TIME LEARNING CENTER LLC 32209 Collection Center Drive Chicago, IL 60693	36-4500741		165291.	0.			SCHOLARSHIP
CEDAR RIVERSIDE CHILD CARE CENTER 406 Cedar Ave. South Minneapolis, MN 55454	46-2350408		168271.	0.			SCHOLARSHIP

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TODAYS LIFE BROOKLYN PARK LLC 9995 XENIA AVE N BROOKLYN PARK, MN 55443	33-0997142		131335.	0.			SCHOLARSHIP
TORAH ACADEMY 2800 JOPPA AVE ST LOUIS PARK, MN 55416	41-6007486		127390.	0.			SCHOLARSHIP
THE FAMILY PARTNERSHIP 1527 E Lake Street MINNEAPOLIS, MN 55407	41-0693858	501(c)(3)	119881.	0.			SCHOLARSHIP
CHILDRENS DISCOVERY CHILD CARE AND LEARNING INC - 3665 TALMAGE CIR - VADNAIS HEIGHTS, MN 55110	41-1391058		111250.	0.			SCHOLARSHIP
NAKIA HOWARD 926 Algonquin Ave Saint Paul, MN 55119	81-3286773		108498.	0.			SCHOLARSHIP
ANGELS LEARNING CENTER LLC 7624 BROOKLYN BLVD BROOKLYN PARK, MN 55443	45-3984850		104805.	0.			SCHOLARSHIP
SUMMIT EARLY LEARNING CENTER 1015 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405	41-1855935		104490.	0.			SCHOLARSHIP
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 10th Avenue North Minneapolis, MN 55411	41-0706132	501(c)(3)	88881.	0.			SCHOLARSHIP
HOOYO CHILD CARE 3600 NICOLLET AVE S MINNEAPOLIS, MN 55409	27-5560668		85155.	0.			SCHOLARSHIP

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OLUS CENTER LLC 1315 12TH AVE N MINNEAPOLIS, MN 55411	46-5562909		82263.	0.			SCHOLARSHIP
HALLIE Q BROWN COMMUNITY CENTER INC - 270 N KENT ST - ST PAUL, MN 55102	41-0693846	501(c)(3)	82037.	0.			SCHOLARSHIP
SCHOOL READINESS LEARNING ACADEMY 1221 7th Avenue North Minneapolis, MN 55411	26-3245237		79585.	0.			SCHOLARSHIP
ANEW DIMENSION CHILD ENRICHMENT CENTER - 1819 MINNEHAHA AVE S - MINNEAPOLIS, MN 55404	41-1628289	501(c)(3)	75858.	0.			SCHOLARSHIP
MACHUPICHU 7 LLC 1601 NICOLLET AVE MINNEAPOLIS, MN 55403	27-0524684		77652.	0.			SCHOLARSHIP
MAYFLOWER EARLY CHILDHOOD CENTER 106 EAST DIAMOND LAKE RD MINNEAPOLIS, MN 55419	27-1543720	501(c)(3)	77107.	0.			SCHOLARSHIP
JEANETTE THAO 731 MAGNOLIA AVE E ST PAUL, MN 55106	30-0498558		66500.	0.			SCHOLARSHIP
MIS AMIGOS SPANISH IMMERSION LLC 5411 CIRCLE DOWN GOLDEN VALLEY, MN 55416	20-3675365		66423.	0.			SCHOLARSHIP
CHURCH OF NEW LIFE CHRISTIAN MINISTRIES - 8600 Bloomington Avenue South - Bloomington, MN 55425	41-1658986	501(c)(3)	68478.	0.			SCHOLARSHIP

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CHURCH OF ST JEROME 384 E ROSELAWN AVE MAPLEWOOD, MN 55117	41-0773779	501(c)(3)	67844.	0.			SCHOLARSHIP
NEW CREATIONS CHILDCARE AND LEARNING CENTER - 877 W JEFFERSON AVE - ST. PAUL, MN 55012	45-2102817		64087.	0.			SCHOLARSHIP
ISD 270 - HOPKINS ATTN: LIZ HINDS 125 MONROE AVE S HOPKINS, MN 55343	41-6008248	501(c)(3)	61804.	0.			SCHOLARSHIP
RAINBOW CHILD DEVELOPMENT INC 605 Como Avenue Saint Paul, MN 55103	41-1915967		59982.	0.			SCHOLARSHIP
BLOOM EARLY LEARNING 17805 COUNTY RD 6 PLYMOUTH, MN 55447	41-1939043	501(c)(3)	54088.	0.			SCHOLARSHIP
RICHFIELD EVANGELICAL LUTHERAN CHURCH - 8 W 60TH ST - MINNEAPOLIS, MN 55419	41-0693948	501(c)(3)	57991.	0.			SCHOLARSHIP
JOYCE PRESCHOOL 3400 PARK AVE MINNEAPOLIS, MN 55407	81-0594016	501(c)(3)	57225.	0.			SCHOLARSHIP
Early Steps Learning Foundation 6122 42nd Avenue North Crystal, MN 55422	46-4224707		55395.	0.			SCHOLARSHIP
A CHANCE TO GROW INC 1800 Second Street NE Minneapolis, MN 55418	41-1444113		54554.	0.			SCHOLARSHIP

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MINNESOTA WILDFLOWER MONTESSORI SCHOOL - 1330 Lagoon Ave - Minneapolis, MN 55408	82-3187122		54548.	0.			SCHOLARSHIP
NC Properties at Andover LLC 11806 Aberdeen Street Northeast Blaine, MN 55449	82-1940679		47608.	0.			SCHOLARSHIP
ES SBS ST ANTHONY LLC 4355 US-169 N PLYMOUTH, MN 55442	81-4232297		54177.	0.			SCHOLARSHIP
ES SBS MAPLE LLC 4355 Hwy 169 N Plymouth, MN 55442	81-4264126		51869.	0.			SCHOLARSHIP
LAKE AREA DISCOVERY CENTER 3770 BELLAIRE AVE WHITE BEAR LAKE, MN 55110	41-1937239	501(c)(3)	35652.	0.			SCHOLARSHIP
PILLSBURY UNITED COMMUNITIES 3501 CHICAGO AVE S MINNEAPOLIS, MN 55407	41-0916478	501(c)(3)	49495.	0.			SCHOLARSHIP
WORLD AROUND US CHILD CARE 2290 11TH AVE E NORTH ST PAUL, MN 55109	41-1887084		48803.	0.			SCHOLARSHIP
SALVATION ARMY NORTHERN DIVISION 401 W 7th St Saint Paul, MN 55102	41-0698597	501(c)(3)	46587.	0.			SCHOLARSHIP
EXCELL ACADEMY FOR HIGHER LEARNING CHARTER SCHOOL - 5800 65th Ave N. - BROOKLYN PARK, MN 55429	41-1968867	501(c)(3)	45316.	0.			SCHOLARSHIP

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TENDERCARE LEARNING CENTER LLC 8040 Old Cedar Ave South STE 3 Bloomington, MN 55425	81-2330797		44134.	0.			SCHOLARSHIP
CHURCH OF ST FRANCIS DE SALES 749 JUNO AVE ST PAUL, MN 55102	41-0721706	501(c)(3)	41913.	0.			SCHOLARSHIP
EASTERN HEIGHTS LUTHERAN CHURCH 616 RUTH ST ST PAUL, MN 55119	41-0823000	501(c)(3)	43291.	0.			SCHOLARSHIP
WECARE CHILDCARE CENTER 3553 Penn Ave N Minneapolis, MN 55412	81-1102083		41696.	0.			SCHOLARSHIP
ES SBS SOUTHDALe LLC 4355 N Hwy 169 Plymouth, MN 55442	81-4218249		41553.	0.			SCHOLARSHIP
THE CRAYON BOX CHILD CARE CENTER 7751 E RIVER RD FRIDLEY, MN 55432	26-1698534		41292.	0.			SCHOLARSHIP
HOLY TRINITY LUTHERAN CHURCH 4240 GETTYSBURG AVE N NEW HOPE, MN 55428	41-1925313	501(c)(3)	40240.	0.			SCHOLARSHIP
SMILING FACES ACADEMY 7217 W Broadway Avenue Minneapolis, MN 55428	27-2399875		40435.	0.			SCHOLARSHIP
ES SBS PLYMOUTH LLC 4355 HWY 169 N PLYMOUTH, MN 55442	81-4246308		39520.	0.			SCHOLARSHIP

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ES SBS WAYZATA LLC 4355 N Hwy 169 Plymouth, MN 55442	81-4204519		38423.	0.			SCHOLARSHIP
NORTHERN VOICES 1660 County West Road B Roseville, MN 55113	41-1930941	501(c)(3)	38177.	0.			SCHOLARSHIP
AUDREY NEAL 1038 Blair Avenue Saint Paul, MN 55104	20-4214685		34143.	0.			SCHOLARSHIP
ISD 272 - EDEN PRAIRIE 8100 School Road Eden Prairie, MN 55344	41-6001462	501(c)(3)	36881.	0.			SCHOLARSHIP
CORNERSTONE MONTESSORI SCHOOL 1611 AMES AVE ST PAUL, MN 55106	41-1361913	501(c)(3)	35325.	0.			SCHOLARSHIP
CLOSE TO MY HEART 1740 VAN DYKE ST MAPLEWOOD, MN 55109	41-1847732	501(c)(3)	35180.	0.			SCHOLARSHIP
MOIN INCORPORATED 6301 Penn Avenue South Minneapolis, MN 55423	41-1671453		26960.	0.			SCHOLARSHIP
ISD 284 - WAYZATA 17340 County Road 6 Plymouth, MN 55447	41-6001464	501(c)(3)	33844.	0.			SCHOLARSHIP
NEW CREATIONS CHILD CARE & LEARNING CENTER AT MAPLE GROVE - 9827 MAPLE GROVE PKWY - MAPLE GROVE, MN 55369	82-1940848		33667.	0.			SCHOLARSHIP

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ST ALPHONSUS PARISH SCHOOL 7031 HALIFAX AVE N BROOKLYN CENTER, MN 55429	41-0846441		33236.	0.			SCHOLARSHIP
Creative Kids Academy Apple Valley 14185 Essex Ave Apple Valley, MN 55124	26-4136621		32905.	0.			SCHOLARSHIP
SPIRITUAL LIFE BIBLE COLLEGE 6865 SHINGLE CREEK PARKWAY BROOKLYN CENTER, MN 55430	20-5085101	501(c)(3)	31922.	0.			SCHOLARSHIP
ISD 273 - EDINA 5701 NORMANDEALE RD EDINA, MN 55424	41-6001406	501(c)(3)	30238.	0.			SCHOLARSHIP
IHM-ST LUKES 1065 SUMMIT AVE ST PAUL, MN 55105	41-1691889		28707.	0.			SCHOLARSHIP
TAYO DAYCARE INC 312 West Lake Street Minneapolis, MN 55408	81-5080870		24648.	0.			SCHOLARSHIP
BROOKDALE CHRISTIAN CENTER DAYCARE 6030 XERXES AVE N BROOKLYN CENTER, MN 55430	41-1298917	501(c)(3)	28305.	0.			SCHOLARSHIP
MES AMIS FRENCH SCHOOL LLC 1430 MEADOW CT CHASKA, MN 55318	20-2554487		28237.	0.			SCHOLARSHIP
CASA DE CORAZON INC 8251 Elm Creek Boulevard North Maple Grove, MN 55369	26-2862666		23230.	0.			SCHOLARSHIP

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NOAHS ARK CHILD DEVELOPMENT CENTERS INC - 4720 Cumberland St. - Shoreview, MN 55126	41-1494089		28088.	0.			SCHOLARSHIP
Woodbury Spanish Immersion Early Learning Academy - 8420 City Centre Drive - Woodbury, MN 55125	84-3482713		27149.	0.			SCHOLARSHIP
PEOPLE SERVING PEOPLE INC 614 S 3RD ST MINNEAPOLIS, MN 55415	41-1443148		27765.	0.			SCHOLARSHIP
AMHERST H WILDER FOUNDATION CFS Billing 451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889	501(c)(3)	27645.	0.			SCHOLARSHIP
LOVE TO GROW ON 6499 LAKOTA TRL LINO LAKES, MN 55014	41-1915522	501(c)(3)	27580.	0.			SCHOLARSHIP
JRP CHILDRENS SERVICES, INC. - Brooklyn Park - 10051 Xenia Avenue N - Brooklyn Park, MN 55443	20-5138005		25008.	0.			SCHOLARSHIP
MY CHILDCARE PLUS INC 1323 BURR ST ST PAUL, MN 55130	82-0638294		26609.	0.			SCHOLARSHIP
TIFFANY COLETTE ROBERTS 786 MAGNOLIA AVE E ST. PAUL, MN 55106	14-1996027		26240.	0.			SCHOLARSHIP
UNION GOSPEL MISSION ASSOCIATION OF ST PAUL - 376 Western Avenue North - Saint Paul, MN 55103	41-0705847	501(c)(3)	24035.	0.			SCHOLARSHIP

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MONTESSORI AMERICAN INDIAN CHILDCARE CENTER - 1909 Ivy Avenue East - Saint Paul, MN 55119	47-0972540		25627.	0.			SCHOLARSHIP
COMO COMMUNITY CHILD CARE 1024 27th Avenue Southeast Minneapolis, MN 55414	41-1250693	501(c)(3)	25604.	0.			SCHOLARSHIP
SPECIAL SCHOOL DIST 1 - MINNEAPOLIS - 3017 E 31ST ST - MINNEAPOLIS, MN 55406	41-0851980	501(c)(3)	24654.	0.			SCHOLARSHIP
PEACE OF MIND DAYCARE INC 9025 TAMARACK RD WOODBURY, MN 55125	41-1739539		25489.	0.			SCHOLARSHIP
APPLE ACADEMY LEARNING CENTER 1845 MAIN ST CENTERVILLE, MN 55038	26-3694765		22496.	0.			SCHOLARSHIP
A & M CHANHASSEN CHILDCARE INC 1430 PARK CT CHANHASSEN, MN 55317	47-4632146		22134.	0.			SCHOLARSHIP
ISD 623 - ROSEVILLE 1910 County Rd B W Roseville, MN 55113	41-6003439	501(c)(3)	24589.	0.			SCHOLARSHIP
LIVING CHRIST LUTHERAN CHURCH 820 LAKE DR Chanhassen, MN 55317	41-1340011	501(c)(3)	22166.	0.			SCHOLARSHIP
SHYAM LLC 9495 Garland Lane N Maple Grove, MN 55311	47-4722027		23937.	0.			SCHOLARSHIP

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LUCKY CHILD CARE CENTER 525 Northeast Lowry Avenue Minneapolis, MN 55418	46-1224233		19854.	0.			SCHOLARSHIP
Perspectives Inc 3381 Gorham Ave St Louis Park, MN 55426	41-1288300	501(c)(3)	23564.	0.			SCHOLARSHIP
SANDRA M LING 2801 Woodbridge St. Roseville, MN 55113	45-3000472		22850.	0.			SCHOLARSHIP
FRASER PO Box 856719 Minneapolis, MN 55485-6719	41-0781858	501(c)(3)	22746.	0.			SCHOLARSHIP
Happy Hearts Early Learning Childcare - 2803 Lyndale Ave N - Minneapolis, MN 55411	85-0973006		21647.	0.			SCHOLARSHIP
Lutheran Social Service of MN 2485 Como Avenue Saint Paul, MN 55108	41-0872993		21561.	0.			SCHOLARSHIP
FAMILY CHILD DEVELOPMENT CENTER 100 Nathan Ln N PLYMOUTH, MN 55441	41-1690793	501(c)(3)	19557.	0.			SCHOLARSHIP
Creative Kids Academy Village Center Drive - 855 Village Center Drive - Saint Paul, MN 55127	26-4136621		18918.	0.			SCHOLARSHIP
MEMORIES AND MILESTONES ACADEMY 1501 1ST ST NE NEW PRAGUE, MN 56071	90-1252650		21208.	0.			SCHOLARSHIP

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LITTLE STEPS CHILDCARE LLC 906 DALE ST N ST PAUL, MN 55103	47-1890116		21060.	0.			SCHOLARSHIP
WAYNAPICHU LLC 1601 Nicollet Ave Minneapolis, MN 55403	80-0512565		19678.	0.			SCHOLARSHIP
METRO LEARNING CENTER INC 2833 13TH AVE S STE 200 MINNEAPOLIS, MN 55407	82-3334358		19256.	0.			SCHOLARSHIP
New Creations Child Care and Learning Center - 11806 ABERDEEN STREET NE - BLAINE, MN 55449	82-1934757		19244.	0.			SCHOLARSHIP
LITTLE VOYAGEURS MONTESSORI SCHOOL INC - 825 51ST AVE NE - COLUMBIA HEIGHTS, MN 55421	41-1327355	501(c)(3)	17010.	0.			SCHOLARSHIP
ISD 283 - ST LOUIS PARK ATTN: TERRI JOHNSON ST LOUIS PARK, MN 55416	41-6001466	501(c)(3)	18598.	0.			SCHOLARSHIP
JRP Childrens Services, Inc. - Maple Grove - 6975 Wedgwood Road North - Maple Grove, MN 55311	20-5138005		18283.	0.			SCHOLARSHIP
DODGE NATURE PRESCHOOL & THOMAS IRVINE NATURE CENTER - 1715 CHARLTON ST - WEST ST PAUL, MN 55118	41-6081794	501(c)(3)	17927.	0.			SCHOLARSHIP
CHABAD ACADEMY INC 1758 Ford Parkway Saint Paul, MN 55116	41-1763738	501(c)(3)	17870.	0.			SCHOLARSHIP

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FAMILYWISE SERVICES 3036 University Avenue Southeast Minneapolis, MN 55414	41-1343909	501(c)(3)	17493.	0.			SCHOLARSHIP
Hope Day Care LLC 2828 Univeristy Ave SE, Suite 125 Minneapolis, MN 55414	81-1406107		17298.	0.			SCHOLARSHIP
MILLENNIUM LEARNING CENTER INC - Maple Knoll Way - 13961 Maple Knoll Way - Maple Grove, MN 55369	41-1961897		16886.	0.			SCHOLARSHIP
ROBBINSDALE AREA SCHOOLS 3725 PILGRIM LN N PLYMOUTH, MN 55441	41-6001408	501(c)(3)	17036.	0.			SCHOLARSHIP
OPEN ARMS EDUCATION & CHILD CARE CENTER - 3355 Hiawatha Avenue - Minneapolis, MN 55406	27-1123534		17000.	0.			SCHOLARSHIP
New Creations Child Care and Learning Center - Burnsville - 11806 Aberdeen Street NE #210 - Blaine, MN 55449	45-2102817		13445.	0.			SCHOLARSHIP
ES SBS CHASKA LLC 4355 N Hwy 169 Plymouth, MN 55442	81-4296997		16259.	0.			SCHOLARSHIP
BRIGHT START CHILD CENTER INC 1197 UNIVERSITY AVE W STE 106 Saint Paul, MN 55104	45-2413379		16047.	0.			SCHOLARSHIP
ABC123 CHILD ENRICHMENT CENTER LLC 1710 Center Avenue West Dilworth, MN 56529	47-3301517		16019.	0.			SCHOLARSHIP

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HAZEL PARK LEARNING CENTER 1831 MINNEHAHA AVE E ST PAUL, MN 55119	81-4816371		15938.	0.			SCHOLARSHIP
Christ Evangelical Lutheran Church 32962 Vickers Street Northeast Cambridge, MN 55008	41-1292893	501(c)(3)	15936.	0.			SCHOLARSHIP
THE CHILDREN'S CENTER 605 JAMES AVE ALBERT LEA, MN 56007	41-0954380		15658.	0.			SCHOLARSHIP
RENEW HEIGHTS LCC 7879 SOMERSET CT WOODBURY, MN 55125	20-4487742		11362.	0.			SCHOLARSHIP
COMMUNITY OF SAINTS REGIONAL CATHOLIC PRESCHOOL - 335 HURLEY ST E - WEST ST PAUL, MN 55118	45-4804818	501(c)(3)	14960.	0.			SCHOLARSHIP
ISD 16 - SPRING LAKE PARK COMMUNITY ED 1415 81ST AVE NE SPRING LAKE PARK, MN 55432	41-6008529	501(c)(3)	14448.	0.			SCHOLARSHIP
TLC CHILDCARE & DISCOVERY LRN CTR 1051 FOREST ST ST PAUL, MN 55106	48-1255340		10541.	0.			SCHOLARSHIP
ISD 624 - WHITE BEAR LAKE 4855 BLOOM AVE WHITE BEAR LAKE, MN 55110	41-6008212	501(c)(3)	14039.	0.			SCHOLARSHIP
MILLENNIUM LEARNING CENTER INC - Blaine PKWY - 1390 PAUL PARKWAY - BLAINE, MN 55434	27-2293263		13864.	0.			SCHOLARSHIP

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NOKOMIS DAYCARE CENTER INC 4010 BLOOMINGTON AVE S MINNEAPOLIS, MN 55407	45-4189885		13659.	0.			SCHOLARSHIP
CITY CHILD CARE CENTER LLC 2628 Nicollet Ave S Minneapolis, MN 55408	47-4400216		9796.	0.			SCHOLARSHIP
Cathedral Hill Montessori School 329 Dayton Ave Saint Paul, MN 55102	45-1062357		13512.	0.			SCHOLARSHIP
Imagine That Learning Center 3142 Viking Boulevard Northwest Oak Grove, MN 55011	81-3930562		13307.	0.			SCHOLARSHIP
Sunrise Child Care Center LLC 3416 Nicollet Avenue Minneapolis, MN 55408	82-2525777		13270.	0.			SCHOLARSHIP
SUZETTE HUSTON 5547 YATES AVE N CRYSTAL, MN 55429	27-2477431		9360.	0.			SCHOLARSHIP
ES SBS CORCORAN LLC 4355 N Hwy 169 Plymouth, MN 55442	81-4259044		12679.	0.			SCHOLARSHIP
CIRCULO DE AMIGOS CHILD CARE CENTER LLC - 2830 CEDAR AVE S - MINNEAPOLIS, MN 55407	27-2100603		12306.	0.			SCHOLARSHIP
KIDS GARDEN DAYCARE 959 Minnehaha Avenue Saint Paul, MN 55104	81-3125051		11883.	0.			SCHOLARSHIP

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ISD 11 - ANOKA-HENNEPIN 2727 N FERRY ST ANOKA, MN 55303	41-6008267	501(c)(3)	12005.	0.			SCHOLARSHIP
URBAN LEARNING CENTER 2505 5th ave S Minneapolis, MN 55404	81-5188940		12000.	0.			SCHOLARSHIP
Urban Ventures Leadership Foundation - 2924 4th Avenue South - Minneapolis, MN 55408	36-3558710		11888.	0.			SCHOLARSHIP
MI FAMILIA CHILD CARE CENTER 2855 47th Street East Inver Grove Heights, MN 55076	45-5587465		11829.	0.			SCHOLARSHIP
VIDEHI LARSON 6616 RIDGEVIEW DR EDINA, MN 55439	41-1782075		7565.	0.			SCHOLARSHIP
UNITED CHILD CARE CENTER 8353 EXCELSIOR BLVD HOPKINS, MN 55343	47-5262124		11648.	0.			SCHOLARSHIP
CONCORDIA UNIVERSITY 1282 Concordia Avenue Saint Paul, MN 55104	41-0696906	501(c)(3)	11527.	0.			SCHOLARSHIP
WESTWOOD LUTHERAN CHURCH 9001 CEDAR LAKE RD ST LOUIS PARK, MN 55426	41-0734779	501(c)(3)	9525.	0.			SCHOLARSHIP
MISSISSIPPI VALLEY MONTESSORI 1575 Charlton Street West St Paul, MN 55118	41-0917938	501(c)(3)	11389.	0.			SCHOLARSHIP

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYHOUSE CHILD CARE OF MONTICELLO INC - 2901 Clearwater Road - St. Cloud, MN 56301	41-1732258		11377.	0.			SCHOLARSHIP
SEWARD CHILD CARE 2323 32ND AVE S MINNEAPOLIS, MN 55406	41-1240047	501(c)(3)	9127.	0.			SCHOLARSHIP
Legacy of Dr. Josie R. Johnson Montessori School - 5140 Fremont Avenue North - Minneapolis, MN 55430	45-0578780		10452.	0.			SCHOLARSHIP
Apple Lane Community Child Care Center - 1900 8th Avenue Northwest - Austin, MN 55912	41-1889518		10374.	0.			SCHOLARSHIP
Creative Kids Academy Maple Grove 12455 62nd Place N Maple Grove, MN 55369	26-4136621		10319.	0.			SCHOLARSHIP
KIDS HAVEN LLC 302 12TH AVE S BUFFALO, MN 55313	47-2887703		10095.	0.			SCHOLARSHIP
ROXANNE WILLIAMS Westminster Street Saint Paul, MN 55130	42-1643762		10074.	0.			SCHOLARSHIP
APPLESEED MONTESSORI SCHOOL INC 6601 Bloomington Ave. S. Richfield, MN 55423	16-1723359		10060.	0.			SCHOLARSHIP
Edina Daycare LLC 3205 West 76th Street Edina, MN 55435	82-4336839		10000.	0.			SCHOLARSHIP

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISD NO 2754 Attn: Jody Rose Franklin, MN 55333	41-1811094		9945.	0.			SCHOLARSHIP
JAIN ENTERPRISES INC II 1621 MCGLYNN RD CHANHASSEN, MN 55317	46-1702315		9633.	0.			SCHOLARSHIP
Lovely Child Care Center LLC 1520 24TH AVE N Saint Cloud, MN 56303	84-2307917		9391.	0.			SCHOLARSHIP
Nancy Schmidt 4345 Hamlet Avenue North Oakdale, MN 55128	90-0255971		9272.	0.			SCHOLARSHIP
Faribault Child Care Center LLC 2700 cardinal ave Faribault, MN 55021	86-3755640		9162.	0.			SCHOLARSHIP
ST JOHNS CHURCH OF LITTLE CANADA 380 LITTLE CANADA RD LITTLE CANADA, MN 55113	41-0781158	501(c)(3)	9018.	0.			SCHOLARSHIP
CORIS KIDZ CHILDCARE INCORPORATED 2280 Stillwater Avenue East Maplewood, MN 55119	01-0868096		8834.	0.			SCHOLARSHIP
MATERNITY OF MARY ST ANDREW SCHOOL 592 ARLINGTON AVE W ST PAUL, MN 55117	41-1654467	501(c)(3)	8783.	0.			SCHOLARSHIP
ISD 278 - ORONO 5050 Independence Street Maple Plain, MN 55359	41-6001403	501(c)(3)	8762.	0.			SCHOLARSHIP

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAIN ENTERPRISES INC III 8400 CITY CENTRE DR WOODBURY, MN 55125	47-1843383		8727.	0.			SCHOLARSHIP
LAKES INTERNATION LANGUAGE ACADEMY 246 11TH AVE SE FOREST LAKE, MN 55025	20-0393839		8512.	0.			SCHOLARSHIP
NUUR FAMILY CHILD CARE 1291 HILLWIND RD. FRIDLEY, MN 55432	83-2283185		8500.	0.			SCHOLARSHIP
MIDWEST CHILD DEVELOPMENT LLC 1514 Englewood Avenue St. Paul, MN 55104	46-5605732		8459.	0.			SCHOLARSHIP
Serephim Montessori LLC 3105 65th Street East Inver Grove Heights, MN 55076	83-4437196		8408.	0.			SCHOLARSHIP
A Better Childcare 7046 Brooklyn Boulevard Lane Brooklyn Center, MN 55429	81-1617462		5924.	0.			SCHOLARSHIP
Mavis Adjei 765 TERRACE DRIVE ROSEVILLE, MN 55113	81-1299595		8151.	0.			SCHOLARSHIP
Monarch Montessori School 1430 Avon Street North Saint Paul, MN 55117	84-2113997		6300.	0.			SCHOLARSHIP
MOUNT CALVARY LUTHERAN CHURCH MOUNT CALVARY PRESCHOOL 301 CTY RD EXCELSIOR, MN 55331	41-0870777	501(c)(3)	8045.	0.			SCHOLARSHIP

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NICOLE MINKE 8124 CLINTON AVE S BLOOMINGTON, MN 55420	46-2154369		7947.	0.			SCHOLARSHIP
Merry Moose Childcare and Preschool LLC - 21692 Deep Lake Road - Richmond, MN 56368	81-0962846		7560.	0.			SCHOLARSHIP
KID ZONE CHILD CARE CENTER 715 2nd Avenue South Hopkins, MN 55343	41-1683532		7555.	0.			SCHOLARSHIP
Creative Kids Academy Anoka West Highway 10 Anoka, MN 55303	26-4136621		7456.	0.			SCHOLARSHIP
JAIN ENTERPRISES 10210 Lancaster Lane North Maple Grove, MN 55369	04-3775230		7201.	0.			SCHOLARSHIP
ACADEMIA ELZE 4 W FRANKLIN AVE MINNEAPOLIS, MN 55404	82-4001502		7277.	0.			SCHOLARSHIP
Fun Factory Child Care Center 2929 County Road 136 St. Cloud, MN 56301	26-0563049		6880.	0.			SCHOLARSHIP
MINNESOTA CHILD CARE CENTER 312 West Lake Street Minneapolis, MN 55408	46-5432100		6768.	0.			SCHOLARSHIP
PUMPKIN PATCH - ZAKIA INC 14001 BURNHAVEN DR BURNSVILLE, MN 55337	61-1435063		6655.	0.			SCHOLARSHIP

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFETRACK RESOURCES INC 2485 Como Ave Saint Paul, MN 55108	41-0874507	501(c)(3)	6515.	0.			SCHOLARSHIP
UNDER THE RAINBOW EARLY EDUCATION CENTER - 555 TECHNOLOGY DR - RED WING, MN 55066	41-1822820		6471.	0.			SCHOLARSHIP
ST JOHN THE BAPTIST CATHOLIC CHURCH & SCHOOL - 835 2nd Avenue Northwest - New Brighton, MN 55112	41-0732498	501(c)(3)	6384.	0.			SCHOLARSHIP
TIERRA ENCANTADA BRYANT 2700 30th Avenue South Minneapolis, MN 55406	81-1782153		5519.	0.			SCHOLARSHIP
ISD 659 - NORTHFIELD 201 Orchard Street South Northfield, MN 55057	41-6008327	501(c)(3)	5934.	0.			SCHOLARSHIP
ISD 282 - ST ANTHONY-NEW BRIGHTON 3303 33RD AVE NE ST ANTHONY, MN 55418	41-6001400	501(c)(3)	5903.	0.			SCHOLARSHIP
Precious Years Learning Center 24646 Hazelwood Drive Nisswa, MN 56468	41-1915126	501(c)(3)	5810.	0.			SCHOLARSHIP
Mahube-Otwa Community Action Partnership, Inc - 1125 West River Road - Detroit Lakes, MN 56501	41-6049474		5437.	0.			SCHOLARSHIP
ISD 276 - MINNETONKA ATTN: MINNETONKA PRESCHOOL & ECFE 4584 VINE HILL ROAD - EXCELSIOR, MN 55331	41-6001402	501(c)(3)	5348.	0.			SCHOLARSHIP

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Angelia Broeckert 606 S 3rd St Le Sueur, MN 56058	20-8673450		5335.	0.			SCHOLARSHIP
CHOO CHOO MONTESSORI LLC 2617 Duluth Street Maplewood, MN 55109	27-2894890		5318.	0.			SCHOLARSHIP
FRIDLEY UNITED METHODIST CHURCH 680 MISSISSIPPI ST NE FRIDLEY, MN 55432	41-1361668	501(c)(3)	5255.	0.			SCHOLARSHIP
Today's Life Eden Prairie LLC 12901 Roberts Dr. Eden Prairie, MN 55346	33-0997142		5169.	0.			SCHOLARSHIP
New Day Family Child Care Center LLC - 4555 North Dupont Avenue - Minneapolis, MN 55412	84-4213482		5003.	0.			SCHOLARSHIP

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	39	1043924.	0.		
Grants	128	277312.	0.		

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Think Small

Employer identification number

41-1260581

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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)	204352.	0.	1524.	26000.	18667.	250543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Mark Cross Chief Operating Officer	(i)	174305.	0.	792.	10271.	0.	185368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

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.

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

Part I	Types of Property			
	(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	X	16650	43105. Market Value
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?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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
for providers and families.

Publishing: Redleaf press is our award-winning, international publisher
of exceptional early learning curriculum, professional development
materials, and business resources. Redleaf publishes more than a dozen
new titles every year and has approximately 400 titles in print.

Redleaf press has 56 books translated into 12 difference languages.

Over 200,000 products are distributed each year to customers both in
the U.S. and abroad.

Library a branch of the St. Paul public library: The Debra S. Fish
early childhood library is available statewide. Now numbering over
6,500 items, the library's collection is a part of Minnesota's public
interlibrary loan system and materials can be delivered to all local
libraries.

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 complete, the approved document is filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

Annual notifications are given to all affected officers, directors, trustees and key employees along with a requirement for a signed conflict of interest statement. The conflict of interest policy is designed to identify situations that present potential conflicts of interest and to provide the organization with a procedure which when observed will allow a transaction to be treated as valid and binding. Any responsible member is required to disclose any potential conflict of interest before the board or committee thereof who shall determine without the interested individual if a conflict of interest exists. The responsible person shall refrain from any action that may affect the organization's decision regarding such contract or transaction and may not participate or hear the board or committee's discussion of the matter, is not counted for the presence of a quorum, and may not vote. The organization documents proceedings related to conflicts of interest in the meeting minutes or as otherwise appropriate.

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.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

Think Small

EIN or SSN

41-1260581

Name and title of officer or person subject to tax

**Barbara Yates
President and CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>30547585.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) **Think Small**, (EIN) **41-1260581** and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Abdo LLP** to enter my PIN **09800**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41321600062

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **03/03/23**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Think Small	Taxpayer identification number (TIN) 41-1260581
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 10 Yorkton Court	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Saint Paul, MN 55117	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

Mark Cross

- The books are in the care of ▶ **10 Yorkton Court - Saint Paul, MN 55117**

Telephone No. ▶ **(651) 641-0305** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **May 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.