Form **990**

(Rev. January 2020)

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

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

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

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

For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 C Name of organization START SMALL. THINK BIG. Check if applicable: INC D Employer identification number Address change Doing business as 27-1821066 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 8 WEST 126TH STREET 3RD FLR (646)723 - 4053Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10027 **G** Gross receipts \$2,293,530. Amended return H(a) Is this a group return for subordinates? Yes No Application pending F Name and address of principal officer: JENNIFER DASILVA, Same as C above, New York, NY 10027 H(b) Are all subordinates included? Yes No Tax-exempt status: 4947(a)(1) or 527 If "No," attach a list. (see instructions) **X** 501(c)(3) 501(c) () ◀ (insert no.) Website: ► STARTSMALLTHINKBIG.ORG **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: 2010 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: The Organization helps low income individuals build thriving businesses in 1 New York City's most underserved communities in order to accumulate assets, Activities & Governance increase their personal financial security and contribute to the economy. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 22 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 19 6 Total number of volunteers (estimate if necessary) 6 1,311 Total unrelated business revenue from Part VIII. column (C), line 12 7a 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 1,501,652 2,244,771. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 51,343 20,094. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,552,995 2,264,865 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 859,043 979,785. Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ► 76, 265. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 256,758. 251,068. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,115,801. 1,230,853. 19 Revenue less expenses. Subtract line 18 from line 12 437,194. 1,034,012. Assets or a Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 819,228. 1,861,675. 21 Total liabilities (Part X, line 26) . 17,058. 25,493. 22 Net assets or fund balances. Subtract line 21 from line 20 802,170. 1,836,182. Signature Block Part II 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. Silva ennifer Dac 04/27/2020 Sign Signature of officer Date Here JENNIFER DASILVA, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check X if **Paid** self-employed P00561220 04/27/2020 JONATHAN A. BANDER JONATHAN A. BANDER **Preparer** Firm's name ► RICH AND BANDER, LLP Firm's EIN \triangleright 20-2747426 **Use Only** Firm's address ▶ 79 Madison Avenue 2nd Floor, New York, NY 10016 Phone no. (212)684-2470 May the IRS discuss this return with the preparer shown above? (see instructions)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The Organization helps low income individuals build thriving businesses in
	New York City's most underserved communities in order to accumulate assets,
	increase their personal financial security and contribute to the economy.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,088,524. including grants of \$ 0) (Revenue \$ 0)
	To help low income individuals build thriving businesses in the underserved
	communities of NYC and provide access to professional and financial
	expertise through the small business legal and financial services programs.
4b	(Code) \(\(\(\(\(\(\) \\ \) \\ \) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	/O I
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Others program considers (December on Cahadula C.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,088,524.

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
rait	Checkist of riequired concudes (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	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 6		163	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19	}		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes." complete Form 4720. Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.					
Secti	on 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 1a 22								
	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.								
b Enter the number of voting members included on line 1a, above, who are independent .									
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?	2		×					
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? .	3		×					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×					
6	Did the organization have members or stockholders?	6		×					
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?	7a		×					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?	7b		×					
8	the year by the following:								
a	The governing body?	8a	×						
b	Each committee with authority to act on behalf of the governing body?	8b	×						
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? <i>If "Yes," provide the names and addresses on Schedule O</i>									
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C							
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		×					
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?	11a	×						
b	Describe in 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	12a	×						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-							
40	describe in Schedule O how this was done	12c	×						
13 14	Did the organization have a written whistleblower policy?	13	×						
15	Did the process for determining compensation of the following persons include a review and approval by	14	^						
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	V						
a	The organization's CEO, Executive Director, or top management official	15a 15b	×	×					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		_					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10-							
1.	with a taxable entity during the year?	16a		×					
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							
	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-3 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Donn request Other (explain on Schedule O)	(Sec	tion 5	o01(c)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,					
20	State the name, address, and telephone number of the person who possesses the organization's books and re THE ORGANIZATION, 8 WEST 126TH STREET 3RD FLR, NEW YORK, NY 10027 (646)723								

Form 990 (2019)

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 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 and/or Box 7 of Form 1099-MISC) 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 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.

Officer this box if fieldler the organization field		(C)							, , , , , , , , , ,	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles er and	neck ss pe	rson	e than of the street is both cor/trus: Highest compensated	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Heather Doherty Guardado	1.00									
Chair		×		×				0.	0.	0.
(2) Erik Knutzen Treasurer	1.00	×		×				0.	0.	0.
(3) Krista Stein Secretary	1.00	×		×				0.	0.	0.
(4) Abigail Carlton Director	1.00	×						0.	0.	0.
(5) Christina Chiu Director	1.00	×						0.	0.	0.
(6) Joseph Kaufman Director	1.00	×						0.	0.	0.
(7) Navneet Kaur Director	1.00	×						0.	0.	0.
(8) Alison McKinnel King Director	1.00	×						0.	0.	0.
(9) Mark Kesslen Director	1.00	×						0.	0.	0.
(10) Shawn Kodes Director	1.00	×						0.	0.	0.
(11) Laura Kozien Director	1.00	×						0.	0.	0.
(12) Valerie Malter Director	1.00	×						0.	0.	0.
(13) Kenny Nova Director	1.00	×						0.	0.	0.
(14) Steven Slutzky Director	1.00	×						0.	0.	0.

Part VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d H	lighest Compe	nsated Emp	oloyees	(continued)
				(6	C)						
(A)	(B)	Position (do not check more than o						(D)	(E)		(F)
Name and title	Average					e tnan d is both		Reportable	Reportable	1	mated amount
	hours per week					or/trust	tee)	compensation from the	compensation from related	1	of other
	(list any	or a	Ins	읓	6	em Hig	For	organization	organizations		ompensation from the
	hours for	ivid	titut	Officer	y en	hes	Former	(W-2/1099-MISC)	(W-2/1099-MIS	,	anization and
	related organizations	ual t	ione		Key employee	ee t co	,			relate	ed organizations
	below	Individual trustee or director	T T		yee	npe					
	dotted line)	ee	Institutional trustee			Highest compensated employee					
45						ed					
(15) Merry Sui Yuan Director	1.00	×						0.		o.	0.
(16) Michael Amsalem	1.00	-						0.	'	J.	<u> </u>
Director	ļ	×						0.		o.	0.
(17) Carolyn Cohen	1.00										
Director		×						0.		o.	0.
(18) Francesca O'Dell	1.00										
Director		×						0.		0.	0.
(19) Jonny Price	1.00										
Director		×						0.		0.	0.
(20) Kristen Scheyder	1.00	×						0.		o.	0
Director (21) Jennifer DaSilva	40.00							0.		J.	0.
Executive Director	40.00	×		×				94,801.		o.	14,425.
(22)								71,001.			
<u> </u>											
(23)											
(24)											
(05)											
(25)											
1b Subtotal								94,801.		o .	14,425.
c Total from continuation sheets to Part	. VII. Sectio	n A					•	21,001.		<i>3</i> .	11,123.
							•	94,801.		o .	14,425.
2 Total number of individuals (including bu	t not limited	to th	nose	e list	ted	above	e) w		e than \$100,0	00 of	· · · · · · · · · · · · · · · · · · ·
reportable compensation from the organ	ization ►										
											Yes No
3 Did the organization list any former									•		
employee on line 1a? If "Yes," complete											X
4 For any individual listed on line 1a, is the organization and related organizations											
individual	J						•			. 4	×
5 Did any person listed on line 1a receive									tion or individ	_	
for services rendered to the organization											; ×
Section B. Independent Contractors											
1 Complete this table for your five hig											
compensation from the organization. Rep	ort compen	satio	n fo	r the	e ca	lenda	r ye	ar ending with or	within the org	ganizatio	on's tax year.
(A) Name and business address Descr							(B) Description of serv	vices		C) ensation	
2505pub. 5. co. nosc											
2 Total number of independent contractor	•	-					th	ose listed abov	e) who		
received more than \$100,000 of compens	sation from	the or	gan	ıizat	ion	▶					

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	ise or note to ai	ny line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts s	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b		1			
اع ق	С	Fundraising events			1c	236,589.				
fts,	d	Related organization	ns .		1d					
ia ia	е	Government grants			1e	55,148.				
ns,	f	All other contribution		-						
er (and similar amounts no	, 0		1f	1,953,034.				
효된	q	Noncash contribution	ons in	cluded in						
Contra	Ū	lines 1a-1f			1g	\$				
g E	h	Total. Add lines 1a-	-1f .				2,244,771.			
						Business Code				
ce	2a									
e Z	b									
Su	С									
gram Ser Revenue	d									
Program Service Revenue	е									
P	f	All other program se	ervice	revenue						
	g	Total. Add lines 2a-								
	3	Investment income								
		other similar amoun								
	4	Income from investr			•	•				
	5	Royalties								
	_	_	_	(i) Rea		(ii) Personal	_			
	6a	Gross rents	6a				_			
	b	Less: rental expenses	6b				4			
	C	Rental income or (loss)		\						
	d	Net rental income o	r (los	ı' — — — — — — — — — — — — — — — — — — —	· ·					
	7a	Gross amount from		(i) Securi	ies	(ii) Other	_			
		sales of assets	7-							
4		other than inventory	7a				-			
Revenue	D	Less: cost or other basis and sales expenses .	7b							
Ş.	_	Gain or (loss)	7c				-			
Re	d C		70							
Jer	_	Gross income from	 m fu		_	<u>-</u>				
Other	oa	events (not including								
		of contributions re								
		1c). See Part IV, line			8a	28,665.				
	b	Less: direct expens			8b	28,665.	-			
	C	Net income or (loss)				· · · · · · · · · · · · · · · · · · ·	0.		0.	0.
	9a	Gross income f			Ĭ				3.	
		activities. See Part I			9a					
	b	Less: direct expens	es .		9b					
	С	Net income or (loss)) from	gaming a	tivitie	es >				
	10a	Gross sales of ir	nvent	ory, less						
		returns and allowan			10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)) from	sales of ir	vento	ory ▶				
S						Business Code				
eo e	11a	Fellowship In				900099	20,000.	0.	0.	20,000.
scellaneo Revenue	b	Miscellaneous	Ind	come		900099	94.	94.	0.	0.
je če	С									
Miscellaneous Revenue	d	All other revenue								
_	е	Total. Add lines 11a				🕨	20,094.			
	12	Total revenue. See	instr	uctions		•	2,264,865.	94.	0.	20,000.

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 (**D**) Fundraising expenses (B) Program service expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 101,023. 75,767. 5,051. 20,205. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 4,944. 9,942. 723,522. 708,636. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 3,606. 9 86,178. 81,849. 723. 10 Payroll taxes 69,062. 65,700. 837. 2,525. Fees for services (nonemployees): 11 Legal Accounting 17,223. 0. 17,223. 0. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 93,115. 34,012. 24,260. 34,843. 12 Advertising and promotion 2,896. 1,748. 0. 1,148. 13 10,935. 9,065. 63. 1,807. Office expenses Information technology 14 14,825. 14,451. 293. 81. 15 Occupancy 69,065. 58,700. 10,365. 16 0. 10,730. 9,658. 1,072. 17 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 1,669. 1,588. 20. 61. 22 Depreciation, depletion, and amortization . 23 18,117. 15,028. 2,489. 600. 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.) Events and conferences 7,329. 7,329. 0. 0. 1,412. Telephone 1,420. 8. 0. Miscellaneous С 3,744. 3,581. 0. 163. d All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 1,230,853. 1,088,524. 66,064. 76,265. 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

2 Savings and temporary cash investments 2 2 2 3 710,148			Check if Schedule O contains a response or note to any line in this Par	tx		<u> U</u>
2 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 253,000 3 710,148 4 Accounts receivable, net 4 4 Accounts receivable, net 4 4 Accounts receivable, net 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 5 5 5 5 5 5 5 5						
3 Pledges and grants receivable, net 253,000. 3 710,148		1	Cash—non-interest-bearing	547,267.	1	1,127,830.
4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Investments—publicity traded securities 1 Investments—program-related. See Part IV, line 11 1		2			2	
Secure		3	Pledges and grants receivable, net	253,000.	3	710,148.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) . 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(c)(3)(B) . 8 Inventories for sale or use 9 9 repaid expenses and deferred charges 7, 822. 9 5, 225		4	Accounts receivable, net		4	
1		5	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
7		6	Loans and other receivables from other disqualified persons (as defined			
8 Inventories for sale or use		_	· · · · · · · · · · · · · · · · · · ·			
10a	ets		· ·			
10a	SS		-			
b Less: accumulated depreciation . 10a 16,593. 10b 10,346. 3,564. 10c 6,247 11 Investments — publicly traded securities	⋖	9	· · · ·	7,822.	9	5,225.
11 Investments – publicity traded securities 11 12 11 12 11 12 11 12 13 10 14 12 13 10 14 14 15 14 15 15 15 16 16 16 16 16		10a				
12 Investments – other securities. See Part IV, line 11		b	Less: accumulated depreciation	3,564.	10c	6,247.
13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 7,575 15 12,225 16 Total assets. Add lines 1 through 15 (must equal line 33) 819,228 16 1,861,675 17 Accounts payable and accrued expenses 15,960 17 25,493 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 17,058 26 25,493 25 0 0 25 27 650,682 28 Net assets with donor restrictions 426,175 27 650,682 375,995 28 1,185,500 375,995 28 1,185,500 375,995 28 1,185,500 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 375,995 3		11	' '		11	
14 Intangible assets 14		12	· • • • • • • • • • • • • • • • • • • •			
15 Other assets. See Part IV, line 11			, •		-	
16			-			
17						12,225.
18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 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 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 17,098 25 0 0 0 0 0 0 0 0 0						
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 24 Unsecured notes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,098 25 0 25,493 25 0 26 Total liabilities. Add lines 17 through 25 17,058 26 25,493 27 Organizations that follow FASB ASC 958, check here			· · · · · · · · · · · · · · · · · · ·	15,960.		25,493.
Tax-exempt bond liabilities			, ,		_	
21 Escrow or custodial account liability. Complete Part IV of Schedule D					-	
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			•			
Unsecured notes and loans payable to unrelated third parties 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		21	· ·		21	
Unsecured notes and loans payable to unrelated third parties 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	oilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%		00	
Unsecured notes and loans payable to unrelated third parties 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	ial-	22	· · · · · · · · · · · · · · · · · · ·		-	
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	_		, ,		-	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D					24	
Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X	1 000		
Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		06				0.
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		20		17,058.	26	25,493.
Net assets without donor restrictions	nces		and complete lines 27, 28, 32, and 33.			
Net assets with donor restrictions	ale		Fig. 1. The second of the seco			650,682.
Organizations that do not follow FASB ASC 958, check here □ and complete lines 29 through 33. Capital stock or trust principal, or current funds	d B	28		375,995.	28	1,185,500.
Capital stock or trust principal, or current funds	. Fun		•			
Total liabilities and net assets/fund balances30Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances802,1703233Total liabilities and net assets/fund balances819,22833	0.0	29			29	
VA to 231Retained earnings, endowment, accumulated income, or other funds	ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
32 Total net assets or fund balances 802,170 32 1,836,182 33 Total liabilities and net assets/fund balances 819,228 33 1,861,675	ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Z 33 Total liabilities and net assets/fund balances	et/				32	1,836,182.
	Ž	33	Total liabilities and net assets/fund balances	819,228.	33	1,861,675.

Form 990 (2019) Page **12**

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)	2,26	54,8	65.					
2	Total expenses (must equal Part IX, column (A), line 25)	1,23							
3	Revenue less expenses. Subtract line 2 from line 1								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4								
5	5 Net unrealized gains (losses) on investments								
6	Donated services and use of facilities								
7	Investment expenses								
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain on Schedule O)								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))	1,83	36,1	82.					
Part	Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·							
	A		Yes	No					
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 in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled of	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?	2b	×						
	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								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1 1							
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×						
	If the organization changed either its oversight process or selection process during the tax year, explain o Schedule O.	on							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne 3a		×					
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.	ne 3b							
	required addit of addits, explain why on ochedule of and describe any steps taken to undergo such addits.	UD		(0010)					

REV 04/21/20 PRO Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number Name of the organization START SMALL. THINK BIG., 27-1821066 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 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: |X| An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under		
Secti	on A. Public Support	-quienting entre		, , , , , , , , , , , , , , , , , , ,		,			
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
	on B. Total Support								
_	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc.	(see instructi	ons)			12	•		
13	First five years. If the Form 990 is for the	e organizatior	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)		
	organization, check this box and stop her	re					> 🗆		
	on C. Computation of Public Suppor	<u> </u>				T I			
14	Public support percentage for 2019 (line 6					14	<u>%</u>		
15 16a	Public support percentage from 2018 Sch 33 ¹ / ₃ % support test—2019. If the organi					15 31/2% or more	check this		
	box and stop here. The organization qual								
b	33 ¹ / ₃ % support test—2018. If the organiz						_		
17a	this box and stop here. The organization qualifies as a publicly supported organization								
b 18	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets the fac	e "facts-and-ots-and-ots-and-circum: 	circumstances stances" test. 	" test, check The organizati	this box and some thing the second thin the second thin the second	stop here. a publicly ► □		
	instructions								

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

Schedule A (Form 990 or 990-EZ) 2019

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										
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and membership fees										
_	received. (Do not include any "unusual grants.")	485,990.	5,922,888.	902,717.	1,501,652.	2,339,623.	11,152,870.				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities										
	furnished in any activity that is related to the										
	organization's tax-exempt purpose	41,491.	139,623.	194,922.			376,036.				
3	Gross receipts from activities that are not an										
	unrelated trade or business under section 513						_				
4	Tax revenues levied for the										
	organization's benefit and either paid to										
	or expended on its behalf										
5	The value of services or facilities										
	furnished by a governmental unit to the										
_	organization without charge				1 501 550		11 500 006				
6	Total. Add lines 1 through 5	527,481.	6,062,511.	1,097,639.	1,501,652.	2,339,623.	11,528,906.				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .										
_	·				993,643.	1,942,945.	2,936,588.				
b	Amounts included on lines 2 and 3										
	received from other than disqualified persons that exceed the greater of \$5,000										
	or 1% of the amount on line 13 for the year										
С	Add lines 7a and 7b				993 643	1 942 945	2,936,588.				
8	Public support. (Subtract line 7c from				3337013.	1731273131	2773073001				
	line 6.)						8,592,318.				
Secti	on B. Total Support				ı	ı					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
9	Amounts from line 6	527,481.	6,062,511.	1,097,639.	1,501,652.	2,339,623.	11,528,906.				
10a	Gross income from interest, dividends,										
	payments received on securities loans, rents,										
	royalties, and income from similar sources .	2.					2.				
b	Unrelated business taxable income (less										
	section 511 taxes) from businesses acquired after June 30, 1975										
_	·	_									
с 11	Add lines 10a and 10b	2.					2.				
11	activities not included in line 10b, whether										
	or not the business is regularly carried on										
12	Other income. Do not include gain or										
'-	loss from the sale of capital assets										
	(Explain in Part VI.)				66,000.	20,000.	86,000.				
13	Total support. (Add lines 9, 10c, 11,										
	and 12.)	527,483.	6,062,511.	1,097,639.	1,567,652.	2,359,623.	11,614,908.				
14	First five years. If the Form 990 is for the	•									
	organization, check this box and stop he						▶ □				
	on C. Computation of Public Suppor					11					
15	Public support percentage for 2019 (line 8						73.98 %				
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16	91.11 %				
<u>5ecτι</u> 17	on D. Computation of Investment In Investment income percentage for 2019 (v line 12 colu	umn (fl)	17	0 %				
18	Investment income percentage for 2019 (-			0 %				
19a	33 ¹ / ₃ % support tests—2019. If the organ										
134	17 is not more than 33 ¹ / ₃ %, check this box										
b	33 ¹ / ₃ % support tests—2018. If the organiz	-	•	•		•	_				
	line 18 is not more than 331/3%, check this l										
20	Private foundation. If the organization di	-	_	•	•		_				

Supporting Organizations Part IV

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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>	5c		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
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</i> "Yes." <i>answer 10b below.</i>	10a		

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

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
0 1		2		
Secti	on C. Type II Supporting Organizations		V	N1 -
			Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sacti	on D. All Type III Supporting Organizations	'		
Secti	on B. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in		_
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
_	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0		
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III support	ing organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

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.)
Pt III	Ln 12: Other Income Part III, Line 12 Description: FELLOWSHIP INCOME
2018: 6	56000. 2019: 20000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** 27-1821066 START SMALL. THINK BIG., INC. Organization type (check one):

Schedule of Contributors

Organization type (check one).								
Filers of	ilers of: Section:							
Form 99	0 or 990-EZ	★ 501(c)(3) (enter number) organization						
		☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		☐ 527 political organization						
Form 99	0-PF	☐ 501(c)(3) exempt private foundation						
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation						
		☐ 501(c)(3) taxable private foundation						
Choole if	vous escenization in	covered by the Conevel Bule or a Special Bule						
	nly a section 501(c)(7)	covered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General	Rule							
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special	Rules							
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name o	f the organization		Employer identification number
STA	RT SMALL. THINK BIG., INC.		27-1821066
Par		sed Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		Yes . No
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c	rganization (check all that apply).	
	☐ Preservation of land for public use (for example, recreation)	ation or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		. 2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not o	n a
	historic structure listed in the National Register .		. 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy reg- violations, and enforcement of the conservation eas		ection, handling of Yes . No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting \$\bigs\\$\$	g, handling of violations, and enforcing o	conservation easements during the year
_	Does each conservation easement reported on line 2		20 a tia a 170/h)/4)/D)/i)
8	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
·	balance sheet, and include, if applicable, the text of		·
	organization's accounting for conservation easemer		
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	earch in furtherance of public service,
	provide the following amounts relating to these item	s:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FA	SB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
h	Assets included in Form 990, Part X		• •

Schedule D (Form 990) 2019 Page **2**

Part	Organizations Maintaining	Collections of A	Art, His	torical T	reasures, o	or Otl	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	ner recor	ds, chec	k any of the	follow	ring that make s	ignificant use of its
а	☐ Public exhibition		d	Loan	or exchange	progra	am	
b	☐ Scholarly research		е	Other				
С	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.	on's collections a	nd expla	ain how t	hey further th	ne org	anization's exen	npt purpose in Part
5	During the year, did the organization sassets to be sold to raise funds rather							ar 🗌 Yes 🗌 No
Part								
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on For	m 990, F	Part IV, line 9	9, or ı	reported an an	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the fo	llowing to	able:			
							A	mount
С	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		0 D V D N-
2a b	Did the organization include an amount of "Yes," explain the arrangement in Pa							
Par		IT AIII. OHECK HEIC	ii tile e	кріапаціої	irrias beeri pi	ovide	d on rait Air .	· · · <u> </u>
· ai	Complete if the organization	answered "Yes"	on For	m 990. F	Part IV. line	10.		
		(a) Current year		or year	(c) Two years I		(d) Three years back	(e) Four years back
1a	Beginning of year balance				,,,,,,		,, ,	
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the			e (line 1g	, column (a))	held a	as:	
a	Board designated or quasi-endowmen		. %					
b	Permanent endowment	%						
С	Term endowment ▶ %		000/					
0-	The percentages on lines 2a, 2b, and 2	•			-4 -	سلمام الما	!!	_
3a	Are there endowment funds not in the organization by:	possession of the	e organi.	zauon ina	at are neid ar	iu aui	ministered for th	Yes No
	(i) Unrelated organizations							3a(i)
								3a(ii)
b	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses	-	-					
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth (investme		1	or other basis ther)		Accumulated preciation	(d) Book value
1a	Land		0.					0.
b	Buildings							
С	Leasehold improvements							
d	Equipment				11,093.		4,846.	6,247.
e Tatal	Other		NO 5		5,500.	`	5,500.	0.
ı otal.	Add lines 1a through 1e. (Column (d) m	ust eauai Form 95	ιυ. raπ λ	s. column	ı ııbı. iine iuc.	.,		6,247.

Schedule D (Form 990) 2019 Page **3**

(t) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Part VII	Investments – Other Securities.	m 000 Part IV line	11h See Form	000 Part V line 12
(Including name of security) (Incl		·			
(2) Closely held equity interests (3) Other (4) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			(b) Book value		
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial	derivatives			
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely h	eld equity interests			
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other				
(C) (D) (E) (E) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(F)	(B)				
(E) (F) (F) (G) (G) (H) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related.					
(F) (G) (H) Total. (Column (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 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (g) Method of valuation: Cost or end-of-year market value (d) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (g) Method of valuation: Cost or end-of-year market value (e) (h) Book value (i) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuation: Cost or end-of-year market value (e) (e) Method of valuat					
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book van (1) Federal income taxes (2) Unrelated business income taxes payable (3) (4)					(b) Book value
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(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book variable (2) Unrelated business income taxes payable (3) (4)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book variety (1) Federal income taxes (2) Unrelated business income taxes payable (3) (4)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Unrelated business income taxes payable (3) (4)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(8)				
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25. 1. (a) Description of liability (b) Book variety (1) Federal income taxes (2) Unrelated business income taxes payable (3) (4)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV. (a) Description of liability (b) Book value (1) Federal income taxes (2) Unrelated business income taxes payable (3) (4)		() () ()		▶	
line 25. 1. (a) Description of liability (b) Book van (1) Federal income taxes (2) Unrelated business income taxes payable (3) (4)	Part X				
1. (a) Description of liability (b) Book van (1) Federal income taxes (2) Unrelated business income taxes payable (3) (4)			m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
(1) Federal income taxes (2) Unrelated business income taxes payable (3) (4)					
(2) Unrelated business income taxes payable (3) (4)					(b) Book value
(3) (4)					
(4)		ted business income taxes payable			
(5)					
<u>(6)</u>					
(7)					
(8)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		mn (h) must aqual Form 000 Part V and (D) line 05 \			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the statements the statement that reports the stat			oto to the organization!	o financial atatas	ata that raparta tha

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.

X

Schedule D (Form 990) 2019 Page 4

Part			•	r Retu	rn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	11,590,432.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	9,325,567		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	9,325,567.
3	Subtract line 2e from line 1			3	2,264,865.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				2,264,865.
Part 2	II Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses	er Re	turn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	10,556,420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	9,325,567		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	9,325,567.
3	Subtract line 2e from line 1			3	1,230,853.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	1,230,853.
Part >	III Supplemental Information.				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
Pt X,	Line 2: The Organization has evaluated its curre	ent t	tax positions	and h	nas
concl	uded that as of December 31, 2019, the Organizati	on o	does not have	any s	significant
uncer	tain tax positions for which a reserve would be r	neces	ssary.		

Schedule D (For	rm 990) 2019	Page 🕻
Part XIII	Supplemental Information (continued)	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

STA	RT SMALL. THINK BIG., 1	INC.				27-1821066	
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on F	orm 990, Part IV,	line 17.
1 a b c d 2a	Indicate whether the organization Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writor key employees listed in Form If "Yes," list the 10 highest paid	on raised funds ins tten or oral agre 1990, Part VII) o	through any e [f [g [eement with or entity in c	of the folk Solicitati Solicitati Special any individ	ion of non-govern ion of government fundraising events dual (including offi with professional f	ment grants grants cers, directors, trust fundraising services	? ☐ Yes ☐ No
J	compensated at least \$5,000 by			urui3013) pt	arsaam to agreem	ionio under which tr	ic fundicisci is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		ı					
3	List all states in which the organ registration or licensing.	nization is regis	stered or lic	ensed to s	solicit contribution	s or has been notifi	ed it is exempt from

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1 POP-UP PARTY (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
	1	Gross receipts	265,254.			265,254.
	2	Less: Contributions	236,589.			236,589.
	3	Gross income (line 1 minus line 2)	28,665.			28,665.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	18,921.			18,921.
Direct Expenses	7	Food and beverages	5,741.			5,741.
Direc	8	Entertainment				
	9	Other direct expenses .	4,003.			4,003.
	10 11	Direct expense summary. Ad Net income summary. Subtra				28,665.
Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a.						or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes %☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
	a Is b If 	nter the state(s) in which the oresthe organization licensed to co	onduct gaming activities	s in each of these states		
10		Vere any of the organization's g "Yes," explain:	_	•	ated during the tax year	

11	Does the organization conduct gaming activities with nonmembers?		∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:		0.4
a	The organization's facility		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	records.		
	Name ▶		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		\square No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
10	daming manager information.		
	Name ▶		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	∐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
art	spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns ((iii) and (v	η. and
ai t	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition		
	See instructions.		

Page 3

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

START SMALL. THINK BIG., INC.	27-1821066				
Pt VI, Line 11b: Form 990 is reviewed by the finance committee from within the					
board and by the board as a whole.					
Pt VI, Line 12c: The Organization has a Board-approved conflict o	f interest				
policy. On an annual basis, each Board Member and senior staff (Executive Director)				
must fill out a survey outlining any conflicts or lack there of.	If conflicts				
are identified, the Board Member must outline the nature of the c	onfict and share				
this with the Board.					
Pt VI, Line 15a: Compensation of the executive director is approv	red by the board				
of directors.					
Pt VI, Line 19: The governing documents, conflict of interest pol	icy and financial				
statements are avaiable upon request.					