

THINK Together

**2017 Federal and California
Exempt Organization Income Tax Returns**

RRF-1 Period Report

Stephens, Reidinger & Beller LLP

Certified Public Accountants

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2018

Prepared for	D. Randall Barth THINK Together 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916
Prepared by	Stephens, Reidinger & Beller LLP 1301 Dove Street, Suite 890 Newport Beach, CA 92660
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047

2017
Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

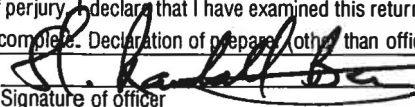
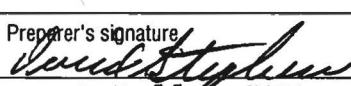
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THINK Together Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2101 E. Fourth Street, Bldg. B, 2nd F City or town, state or province, country, and ZIP or foreign postal code Santa Ana, CA 92705-3916	D Employer identification number 33-0781751 E Telephone number (714) 543-3807 G Gross receipts \$ 51,046,767. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.thinktogether.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1997 M State of legal domicile: CA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Our mission is to partner with schools to support the academic performance of underserved students. 2 Check this box <input type="checkbox"/> 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) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 4051 6 Total number of volunteers (estimate if necessary) 1597 7a Total unrelated business revenue from Part VIII, column (C), line 12 238,360. b Net unrelated business taxable income from Form 990-T, line 34 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,608,985. 9 Program service revenue (Part VIII, line 2g) 45,189,469. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 43,910. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 482,771. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 48,325,135.	Prior Year	Current Year	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,824. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 36,877,870. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 943,470. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,616,828. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 47,504,522. 19 Revenue less expenses. Subtract line 18 from line 12 820,613.			
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 13,239,472. 21 Total liabilities (Part X, line 26) 10,105,671. 22 Net assets or fund balances. Subtract line 21 from line 20 3,133,801.	Beginning of Current Year	End of Year	
		13,261,961.	9,423,306.	3,838,655.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer  D. Randall Barth, CEO Type or print name and title	Date 4/8/19	
Paid Preparer Use Only	Print/Type preparer's name David R. Stephens Firm's name ▶ Stephens, Reidinger & Beller LLP Firm's address ▶ 1301 Dove Street, Suite 890 Newport Beach, CA 92660	Preparer's signature  Date 4/6/19 Check <input type="checkbox"/> if self-employed PTIN P00339728 Firm's EIN ▶ 33-0639599 Phone no. (949) 752-7400	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Think Together envisions educational excellence and equity where all
kids get a great education that prepares them for college and career.
Our mission is to partner with schools to support the academic
performance of underserved students.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 44,043,073. including grants of \$ 5,845.) (Revenue \$ 50,635,515.)See Schedule O.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 44,043,073.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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 "Yes," complete Schedule C, Part I</i>		X
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 "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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 "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 38		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 4051		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c 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		X
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).			
a 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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
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:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 23		
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 in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 22		
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		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **D. Randall Barth - (714) 543-3807**
2101 E. Fourth Street, Bldg. B, 2nd Fl., Santa Ana, CA 92705-3916

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Randall Barth CEO & Founder	40.00	X		X				394,416.	0.	54,000.
(2) Nick Candito Board Director	2.00	X						0.	0.	0.
(3) Glenn Howard Treasurer	2.00	X		X				0.	0.	0.
(4) Daniel Young Board Director	2.00	X						0.	0.	0.
(5) Leona Aronoff-Sadacca Board Director	2.00	X						0.	0.	0.
(6) Mary Lynn Coffee Board Director	2.00	X		X				0.	0.	0.
(7) Fran Inman Board Director	2.00	X						0.	0.	0.
(8) Paolo Leon Board Director	2.00	X						0.	0.	0.
(9) Marti Rimmell Board Director	2.00	X						0.	0.	0.
(10) Sangeeth Peruri Board Director	2.00	X						0.	0.	0.
(11) Ken Salgado Board Director	2.00	X						0.	0.	0.
(12) Eric Boden Board Chairperson	4.00	X		X				0.	0.	0.
(13) Juan Lopez Board Director	2.00	X						0.	0.	0.
(14) Earl Slee Board Director	2.00	X						0.	0.	0.
(15) Bill Tamblyn Board Director	2.00	X						0.	0.	0.
(16) John Lee Board Director	2.00	X						0.	0.	0.
(17) Steven Robertson Board Director	2.00	X						0.	0.	0.

18

Form **990** (2017)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Tia Dwyer <u>Chief Operating Officer</u>	40.00				X			197,208.	0.	0.
(28) Martin Holtman <u>Chief People Officer</u>	40.00				X			179,326.	0.	0.
(29) Natalia Flores <u>General Manager</u>	40.00					X		141,771.	0.	0.
(30) Fernando Reyes <u>General Manager</u>	40.00					X		143,268.	0.	0.
(31) Tommy Brewer <u>General Manager</u>	40.00					X		136,500.	0.	0.
(32) Yvonne Paul <u>General Manager</u>	40.00					X		140,000.	0.	0.
(33) Tracy Carmichael <u>Chief Engagement Officer</u>	40.00					X		141,750.	0.	0.
Total to Part VII, Section A, line 1c								1,079,823.		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,566,430.		
	g Noncash contributions included in lines 1a-1f: \$		109,615.		
	h Total. Add lines 1a-1f		2,566,430.		
Program Service Revenue	2 a School District Contracts	Business Code 611710	47,030,119.	47,030,119.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		47,030,119.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		90,829.	
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents		(i) Real 544,275.			
b Less: rental expenses		305,915.			
c Rental income or (loss)		238,360.			
d Net rental income or (loss)			238,360.	238,360.	
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	397,516.		
b Less: direct expenses		b	144,649.		
c Net income or (loss) from fundraising events			252,867.		252,867.
9 a Gross income from gaming activities. See Part IV, line 19		a			
b Less: direct expenses		b			
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances		a			
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a Miscellaneous	611710	417,598.	417,598.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		417,598.			
12 Total revenue. See instructions.		50,596,203.	47,447,717.	238,360.	343,696.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,845.	5,845.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,297,950.	1,297,950.		
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	34,812,175.	32,190,041.	2,068,811.	553,323.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,249,750.	3,088,199.	119,464.	42,087.
11 Fees for services (non-employees):				
a Management				
b Legal	404,285.	15,899.	388,386.	
c Accounting	42,471.		42,471.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	339,157.	75,653.	197,726.	65,778.
12 Advertising and promotion	224,267.	149,036.	40,924.	34,307.
13 Office expenses	546,798.	335,916.	123,723.	87,159.
14 Information technology	551,588.	245,198.	303,268.	3,122.
15 Royalties				
16 Occupancy	900,686.	897,157.	3,529.	
17 Travel	568,747.	492,258.	55,420.	21,069.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	247,508.		247,508.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	402,870.	2,215.	400,655.	
23 Insurance	1,892,201.	1,428,747.	446,170.	17,284.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>School supplies</u>	2,130,275.	2,130,235.		40.
b <u>Subcontracted services</u>	617,068.	597,107.	15,330.	4,631.
c <u>Copying and printing</u>	444,707.	409,413.	8,376.	26,918.
d <u>Staff development & tra</u>	253,661.	197,124.	23,957.	32,580.
e All other expenses	959,340.	485,080.	419,088.	55,172.
25 Total functional expenses. Add lines 1 through 24e	49,891,349.	44,043,073.	4,904,806.	943,470.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	114,795.	1	484,633.
	2 Savings and temporary cash investments	2,169.	2	3,045.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,462,858.	4	3,934,372.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	145,485.	9	418,243.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,323,146.		
	b Less: accumulated depreciation	10b 2,088,995.		
		7,291,217.	10c	7,234,151.
	11 Investments - publicly traded securities	46,529.	11	67,281.
	12 Investments - other securities. See Part IV, line 11	270,266.	12	
	13 Investments - program-related. See Part IV, line 11		13	
Liabilities	14 Intangible assets	350,000.	14	350,000.
	15 Other assets. See Part IV, line 11	556,153.	15	770,236.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	13,239,472.	16	13,261,961.
	17 Accounts payable and accrued expenses	4,335,760.	17	4,545,234.
	18 Grants payable		18	
	19 Deferred revenue	283,369.	19	376,124.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	250,000.
	23 Secured mortgages and notes payable to unrelated third parties	2,812,750.	23	2,082,473.
Net Assets or Fund Balances	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	2,673,792.	25	2,169,475.
	26 Total liabilities. Add lines 17 through 25	10,105,671.	26	9,423,306.
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,863,534.	27	3,564,652.
	28 Temporarily restricted net assets	270,267.	28	274,003.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,133,801.	33	3,838,655.
	34 Total liabilities and net assets/fund balances	13,239,472.	34	13,261,961.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,596,203.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,891,349.
3	Revenue less expenses. Subtract line 2 from line 1	3	704,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,133,801.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,838,655.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THINK Together

Employer identification number

33-0781751

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,743,165.	3,144,529.	2,794,545.	2,608,985.	2,605,742.	16,896,966.
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	46,525,813.	43,828,412.	39,995,472.	45,189,469.	47,030,119.	222,569,285.
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						
6 Total. Add lines 1 through 5	52,268,978.	46,972,941.	42,790,017.	47,798,454.	49,635,861.	239,466,251.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						239,466,251.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	52,268,978.	46,972,941.	42,790,017.	47,798,454.	49,635,861.	239,466,251.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	270,750.	291,786.	559,625.	632,823.	635,104.	2,390,088.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	270,750.	291,786.	559,625.	632,823.	635,104.	2,390,088.
11 Net income from unrelated business 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.)	108,638.	104,876.	294,899.	3,855.	417,598.	929,866.
13 Total support. (Add lines 9, 10c, 11, and 12.)	52,648,366.	47,369,603.	43,644,541.	48,435,132.	50,688,563.	242,786,205.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	98.63	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	98.89	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.98	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.85	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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.)

Section A. All Supporting Organizations

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

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section 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 instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a 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.
- 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.

	Yes	No
2a		
2b		

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- 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.

	Yes	No
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

THINK Together

33-0781751

Organization type(check one):

Filers of:

Section:

Form 990 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 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ 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 33 1/3% 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>Bank of America Charitable Gift Fund</u> <u>100 Federal St</u> <u>Boston, MA 02110</u>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<u>Bank of America Charitable Foundation</u> <u>PO Box 55850</u> <u>Boston, MA 02205-5850</u>	\$ <u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<u>Bart and Deborah Thomsen</u> <u>8 Pinehurst</u> <u>Newport Beach, CA 92660</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<u>Croul Family Foundation</u> <u>"c/o First Foundation Advisors, 18101</u> <u>Von Karman Ave Ste 7000</u> <u>Irvine, CA 92612-0145</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<u>Children and Families Commission of Orange County</u> <u>1505 E 17th St Ste 230</u> <u>Santa Ana, CA 92705-8513</u>	\$ <u>890,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<u>Chevron</u> <u>145 South St. College Blvd. Suite 500</u> <u>Brea, CA 92821</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	<u>DevTo Support Foundation</u> <u>2532 Dupont Dr</u> <u>Irvine, CA 92612-1524</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	<u>Donald and Carrie Nikols</u> <u>2532 Circle Dr</u> <u>Newport Beach, CA 92663-5615</u>	\$ <u>6,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	<u>Doug and Catherine Antone</u> <u>641 Loretta Dr</u> <u>Laguna Beach, CA 92651</u>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	<u>Johnny Carson Foundation</u> <u>9595 Wilshire Blvd STE 900</u> <u>Beverly Hills, CA 90212</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	<u>E C Boden Family Foundation Fund</u> <u>4041 MacArthur Blvd., Ste 510</u> <u>Newport Beach, CA 92660</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	<u>Kissick Family Foundation</u> <u>922 Napoli Dr</u> <u>Pacific Palisades, CA 90272</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	KP FINANCIAL SVCS OPS 75 N Fair Oaks Ave Pasadena, CA 91103-3651	\$ 102,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	Leona Aronoff Charitable Foundation Fund 4280 Latham St Ste C Riverside, CA 92501-1737	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Inland Empire United Way 9624 Hermosa Ave Rch Cucamonga, CA 91730-5812	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	LA84 Foundation 2141 W. Adams Blvd. Los Angeles, CA 90018	\$ 142,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Pircher, Nichols & Meeks 1901 Avenue of the Stars Ste 1200 Los Angeles, CA 90067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	James and Beverly Peters 2411 Bayshore Dr Newport Beach, CA 92663-5604	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THINK Together**33-0781751****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	<u>Orora North America</u> <u>6600 Valley View Street</u> <u>Buena Park, CA 90620</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>20</u>	<u>Roripaugh Family Foundation</u> <u>18101 Von Karman Ave Ste 7000</u> <u>Irvine, CA 92612-0145</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>21</u>	<u>Majestic Realty Foundation</u> <u>13191 Crossroads Parkway North, 6th Floor</u> <u>City of Industry, CA 91746</u>	\$ <u>19,531.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>22</u>	<u>McMaster-Carr Supply Company</u> <u>PO Box 680</u> <u>Elmhurst, IL 60126</u>	\$ <u>23,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>23</u>	<u>The David and Lucile Packard Foundation</u> <u>343 2nd St</u> <u>Los Altos, CA 94022-3696</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>24</u>	<u>ORION Property Partners</u> <u>2010 Main St Ste 300</u> <u>Irvine, CA 92614-7278</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>Pacific Life Foundation</u> <u>700 Newport Center Dr</u> <u>Newport Beach, CA 92660-6307</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<u>Ralph M. Parsons Foundation</u> <u>888 W 6th St Ste 700</u> <u>Los Angeles, CA 90017-2733</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<u>San Manuel Band of Mission Indians</u> <u>26569 Community Center Dr</u> <u>Highland, CA 92346-6712</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<u>Silicon Valley Community Foundation</u> <u>2440 West El Camino Real, Suite 300</u> <u>Mountain View, CA 94040</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<u>Sobrato Family Foundation</u> <u>10600 N De Anza Blvd Ste 200</u> <u>Cupertino, CA 95014-2075</u>	\$ <u>28,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<u>Southern California Edison</u> <u>2244 Walnut Grove Ave</u> <u>Rosemead, CA 91770-0700</u>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>31</u>	<u>Ueberroth Family Foundation</u> <u>PO Box 37</u> <u>Corona del Mar, CA 92625-0037</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>32</u>	<u>United Way of Greater Los Angeles</u> <u>1150 S Olive St, Ste T-500</u> <u>Los Angeles, CA 90015</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>33</u>	<u>Citrix</u> <u>851 W Cypress Creek Rd</u> <u>Fort Lauderdale, FL 33309</u>	\$ <u>44,158.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>34</u>	<u>Allen and Heather Hakes</u> <u>930 Aleppo St</u> <u>Newport Beach, CA 92660</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>35</u>	<u>Dwight Stuart Youth Fund</u> <u>9595 Wilshire Blvd Ste 212</u> <u>Beverly Hills, CA 90212-2502</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>36</u>	<u>BNY Mellon Wealth Management - Newport Beach</u> <u>1600 Newport Center Dr Ste 200</u> <u>Newport Beach, CA 92660-6209</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Fulcrum Learning Systems 3325 Pico Blvd Santa Monica, CA 90405	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Gregory and Sara Palmer Household 26481 Broken Bit Ln Laguna Beach, CA 92653	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Crevier Family Fund 4041 MacArthur Blvd Ste 510 Newport Beach, CA 92660-2503	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Daniel and Leslee Young 520 Newport Center Dr Ste 610 Newport Beach, CA 92660-7037	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Jeffrey and Joanne Wahba Household 3105 N Poinsettia Ave Manhattan Beach, CA 90266-3533	\$ 5,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	Joseph Drown Foundation 1999 Avenue of the Stars Ste 2330 Los Angeles, CA 90067-6043	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>43</u>	<u>Leona Aronoff-Sadacca and Joseph Sadacca Household</u> <u>151 Kalmus Dr H10</u> <u>Costa Mesa, CA 92626</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>44</u>	<u>Mary Lynn and William Coffee Household</u> <u>12342 Charloma Dr</u> <u>Tustin, CA 92780-2403</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>45</u>	<u>Medtronic</u> <u>9775 Toledo Way</u> <u>Irvine, CA 92618-1811</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>46</u>	<u>Ralphs/Food 4 Less Foundation</u> <u>1100 W Artesia Blvd</u> <u>Compton, CA 90220-5108</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>47</u>	<u>Raymond DeAngelo Household</u> <u>16787 Beach Blvd #272</u> <u>Huntington Beach, CA 92647</u>	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>48</u>	<u>Mark and Emily Abbott</u> <u>19549 Roanoke Rd</u> <u>Apple Valley, CA 92307-2420</u>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Michael and Jennifer Rue 11271 Reservoir Rd Santa Ana, CA 92705	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	Target 39650 Liberty St Ste 450 Fremont, CA 94538-2262	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	The Green Foundation 3070 Lombardy Rd Pasadena, CA 91107-5531	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	Patricia O'Donnell 600 Via Lido Nord Newport Beach, CA 92663-5521	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	The Vaya Con Dios Foundation 1704 Paterna Rd Santa Barbara, CA 93103-1802	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	Samuel and Susan Anderson 63 Beacon Bay Newport Beach, CA 92660-7223	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THINK Together	Employer identification number 33-0781751
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Wells Fargo Foundation 550 S 4th St, MAC N9310-074 Minneapolis, MN 55415	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	Santa Ana Unified School District 1601 E Chestnut Ave Santa Ana, CA 92701-6322	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	State Farm Mutual Automobile Insurance Company 3333 Michelson Dr Ste 300 Irvine, CA 92612-1683	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	Tony French 11 Sandbar Dr Corona Del Mar, CA 92625-1431	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Unical Aviation Inc. 680 S Lemon Ave City of Industry, CA 91789	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THINK Together**33-0781751****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

THINK Together**33-0781751****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THINK Together

Employer identification number

33-0781751

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ► \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

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

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

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		43,833.
j Total. Add lines 1c through 1i			43,833.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

Membership dues to a number of organizations that seek to build public and policymaker awareness about the essential value and role of afterschool programs, as well as to promote legislative and administrative policies that enhance the quality of afterschool programs

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THINK Together

Employer identification number

33-0781751

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

	(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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Temporarily restricted endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations ☐ Yes ☐ No
 (ii) related organizations ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,352,000.		4,352,000.
b Buildings		3,710,026.	1,094,135.	2,615,891.
c Leasehold improvements		144,479.	127,336.	17,143.
d Equipment		1,086,129.	867,524.	218,605.
e Other		30,512.		30,512.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,234,151.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Deposits	83,461.
(2) Deferred lease commissions	50,739.
(3) Equity interest in benefit corporation	636,036.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	770,236.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Service obligation	2,169,475.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,169,475.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	51,481,430.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	579,312.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	305,915.
e	Add lines 2a through 2d	2e	885,227.
3	Subtract line 2e from line 1	3	50,596,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	50,596,203.

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

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

1	Total expenses and losses per audited financial statements	1	50,776,576.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	579,312.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	305,915.
e	Add lines 2a through 2d	2e	885,227.
3	Subtract line 2e from line 1	3	49,891,349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	49,891,349.

Part XIII Supplemental Information.

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

Part XI, Line 2d - Other Adjustments:**Rental activity expense reclassification****Part XII, Line 2d - Other Adjustments:****Rental activity expense reclassification**

Department of the Treasury
Internal Revenue Service

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 the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

THINK Together

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Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Annual Gala (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	397,516.			397,516.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	397,516.			397,516.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	144,649.			144,649.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				144,649.
	11 Net income summary. Subtract line 10 from line 3, column (d)				252,867.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ 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:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- 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 ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a 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 spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

Lined area for supplemental information.

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	6	5,845.	0.	Book	

Part IV

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

Part III Supplemental Information

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

Part I, Line 4b:
SERP contribution for Randall Barth \$54,000
SERP contribution for Michael Frobenius \$27,952

Part I, Line 6:
All bonus and incentive compensation plans are contingent on achieving operational and strategic goals, as well as fiscal targets set annually by the board of directors.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kathryn Allen	CEO's sister-in-law	207,199.	See Sch O		X
Mary Barth	CEO's wife	87,475.	See Sch O		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part II, Loans To and From Interested Persons:(a) Name of Person: Sangeeth Peruri(b) Relationship with Organization: Board member(c) Purpose of Loan: Subordinated short term financing for affiliate

**SCHEDULE M
(Form 990)**

Noncash Contributions

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THINK Together

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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Computer Equi</u>)	X	1	109,615.	Market value
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Supplemental Information.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

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

The Form 990 is reviewed by the Executive Committee, Audit Committee, and the Board of Directors.

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

On an annual basis, THINK Together reviews its Conflicts of Interest policy with its board members. A written affirmation of compliance is obtained from each board member annually. Additionally, THINK Together's Conflicts of Interest policy is outlined in its Employee Handbook. All new hires acknowledge reviewing this policy and, on an annual basis, a written affirmation of compliance is obtained from all regular full-time employees. Finally, THINK Together has engaged an independent third-party service provider to receive, monitor, and report on any ethical or workplace concerns raised by its employees. Information regarding this anonymous service is communicated in its Employee Handbook, verbally communicated to new hires and posted at all work locations.

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

Executive Committee reviews CEO performance against previously established annual performance metrics. Further, EC benchmarks CEO compensation against similar organizations based on information obtained from those organization's 990s and other compensation surveys.

Executive Committee and the CEO review all executive performance against previously established performance metrics and other qualitative measures.

The Executive Committee benchmarks all executive compensation against

Name of the organization

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similar organizations based on information obtained from those organization's 990s and other compensation surveys.

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

Governing documents, conflict of interest policy and financial statements are available for public inspection at its main office, on-line at the company website, submitted with all grants, and otherwise available by request.

Form 990, Part III, 4 a

Statement of Program Service Accomplishments (stmt #4a)

Think Together offers programs and services in four core areas and continues to evolve its program offerings to meet the needs of our partners. Think Together programs are delivered throughout the State of California, across 50 school districts and serving over 150,000 individual students. Programs are aligned with research-based practices to support learning in and out of school so kids can succeed in their journey to college and career readiness. The four core program and service areas are: EARLY LEARNING, AFTERSCHOOL, STUDENT SUPPORT SERVICES, and SCHOOL IMPROVEMENT.

EARLY LEARNING programs promote school readiness for children from birth to five years of age and are focused on early literacy, math and parent education skills. AFTERSCHOOL programs are hosted on school campuses or community sites to enhance and reinforce learning for students in grades K-12. These programs focus on English, STEM, youth development, arts and enrichment. STUDENT SUPPORT SERVICES are

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customized programs tailored to meet the needs of individual students, schools or districts. These programs are focused in the areas of summer, tutoring, substitute teacher staffing, physical education, and arts or STEM programs. SCHOOL IMPROVEMENT services are in-school coaching and training for district and school administrators and teachers.

These services are provided through Orenda Education, formerly Principal's Exchange, an affiliate of Think Together. Areas of focus include equity and achievement analysis, systems change supports, leadership development, and instructional improvement.

Form 990, Schedule L, Part IV d

THINK Together purchased its business insurance at market rates through an insurance agency that employs the sister-in-law of THINK Together's CEO.

Mary Barth, the wife of THINK Together's CEO and Founder, is employed by THINK Together as its Director of Administration.

2017 DEPRECIATION AND AMORTIZATION REPORT

Apartment Bldg. 795 Shalimar Dr. Costa

RENT 1

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
88	Building - Shalimar	01/29/08	SL	39.00	mod	17	360,000.				360,000.	113,000.		12,000.	125,000.
89	Land - Shalimar	01/29/08	L				512,000.				512,000.			0.	
96	New Roof - Shalimar	02/10/11	SL	39.00	mod	17	10,090.				10,090.	2,200.		326.	2,526.
*	990 Rental Total Other						882,090.				882,090.	115,200.		12,326.	127,526.

2017 DEPRECIATION AND AMORTIZATION REPORT

2101 E. 4th St.

RENT 2

Asset No.	Description	Date Acquired	Method	Life	Con v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
132	Tenant improv. - Pattera	03/31/13	SL	4.00		16	16,557.				16,557.	16,557.		0.	16,557.
133	Tenant improv. - McGough	06/01/13	SL	4.00		16	20,483.				20,483.	20,483.		0.	20,483.
138	Tenant improv. - Preferred Real Estate	11/01/13	SL	4.00		16	15,548.				15,548.	15,548.		0.	15,548.
152	Building - HQ	08/24/12	SL	39.00	MM	16	400,963.				400,963.	34,665.		13,355.	48,020.
153	Land - HQ	08/24/12	L				1,520,640.				1,520,640.			0.	
166	Tenant improv. - Healthy Smiles	07/01/15	SL	5.00		16	15,425.				15,425.	6,684.		3,085.	9,769.
167	Tenant improv. - Koiononia Family	12/01/15	SL	5.00		16	10,075.				10,075.	4,030.		2,015.	6,045.
168	Tenant improv. - Able Physical	12/01/15	SL	4.00		16	29,828.				29,828.	14,914.		7,457.	22,371.
189	Headquarters roof	06/01/18	SL	10.00		16	41,890.				41,890.			1,015.	1,015.
	* 990 Rental Total Other						2,071,409.				2,071,409.	112,881.		26,927.	139,808.
	Current Year Activity														
	Beginning balance						2,029,519.			0.	2,029,519.	112,881.			138,793.
	Acquisitions						41,890.			0.	41,890.	0.			1,015.
	Dispositions						0.			0.	0.	0.			0.
	Ending balance						2,071,409.			0.	2,071,409.	112,881.			139,808.
	Ending accum depr											139,808.			
	Ending book value											1,931,601.			

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
112	Building - HQ	08/24/12	SL	39.00	MACRS	16	611,571.				611,571.	128,738.		20,369.	149,107.
134	Headquarters improvements	10/31/13	SL	10.00	MACRS	16	605,129.				605,129.	226,924.		60,513.	287,437.
	* 990 Page 10 Total Buildings						1,216,700.				1,216,700.	355,662.		80,882.	436,544.
	Other														
105	Furniture	08/01/11	SL	7.00	MACRS	16	165,558.				165,558.	139,935.		23,651.	163,586.
106	Leasehold improvements	09/12/11	SL	5.00	MACRS	16	12,333.				12,333.	12,333.		0.	12,333.
107	Phone system upgrade	08/31/11	SL	5.00	MACRS	16	37,837.				37,837.	37,837.		0.	37,837.
108	Xerox Equitrac	11/30/11	SL	5.00	MACRS	16	22,981.				22,981.	22,981.		0.	22,981.
109	Hydraulic cutter	08/25/11	SL	5.00	MACRS	16	19,918.				19,918.	19,918.		0.	19,918.
110	Biometrics live scan equip	06/30/12	SL	5.00	MACRS	16	19,185.				19,185.	19,185.		0.	19,185.
111	Land - HQ	08/24/12	L		MACRS		2,319,360.				2,319,360.			0.	
113	SB A/V Equipment	01/31/13	SL	5.00	MACRS	16	12,708.				12,708.	11,227.		1,481.	12,708.
114	SB Phone System	02/01/13	SL	5.00	MACRS	16	7,694.				7,694.	6,797.		897.	7,694.
115	Cabling Services	03/01/13	SL	5.00	MACRS	16	11,274.				11,274.	9,772.		1,502.	11,274.
116	Alarm	04/01/13	SL	5.00	MACRS	16	5,860.				5,860.	4,981.		879.	5,860.
117	Live Scan Maching	06/21/13	SL	5.00	MACRS	16	5,945.				5,945.	4,756.		1,189.	5,945.
118	Furniture	10/01/12	SL	5.00	MACRS	16	11,313.				11,313.	10,748.		565.	11,313.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
119	Furniture	10/26/12	SL	5.00	16	16	14,657.				14,657.	13,678.		979.	14,657.
120	Furniture	01/17/13	SL	5.00	16	16	77,625.				77,625.	69,863.		7,762.	77,625.
121	Furniture	01/31/13	SL	5.00	16	16	44,269.				44,269.	39,105.		5,164.	44,269.
122	Furniture	02/20/13	SL	5.00	16	16	18,481.				18,481.	16,016.		2,465.	18,481.
123	Furniture	04/15/13	SL	5.00	16	16	5,361.				5,361.	4,556.		805.	5,361.
124	Memory for exchange server	06/01/13	SL	5.00	16	16	2,657.				2,657.	2,168.		489.	2,657.
135	OC Hub Improvements	03/01/14	SL	10.00	16	16	770,296.				770,296.	256,766.		77,030.	333,796.
136	Headquarters window shades	03/01/14	SL	10.00	16	16	30,943.				30,943.	10,313.		3,094.	13,407.
137	OC Hub Window Shades	03/01/14	SL	10.00	16	16	15,472.				15,472.	5,157.		1,547.	6,704.
139	A/V Equipment/Installation	07/31/13	SL	5.00	16	16	6,222.				6,222.	4,873.		1,244.	6,117.
140	Phone System & Cabling	07/26/13	SL	2.00	16	16	11,694.				11,694.	11,694.		0.	11,694.
141	Cabling Services	10/15/13	SL	5.00	16	16	28,335.				28,335.	21,251.		5,667.	26,918.
142	Alarm	11/04/13	SL	5.00	16	16	29,318.				29,318.	21,501.		5,864.	27,365.
143	Cabling Services	01/08/14	SL	5.00	16	16	10,072.				10,072.	7,049.		2,014.	9,063.
144	A/V Equipment/Install -Riv Moreno	02/10/14	SL	5.00	16	16	14,976.				14,976.	10,233.		2,995.	13,228.
145	A/V Equipment/Install -OC Hub	03/16/14	SL	5.00	16	16	14,976.				14,976.	9,734.		2,995.	12,729.
146	Cabling Services -OC Hub	02/27/14	SL	5.00	16	16	20,285.				20,285.	13,185.		4,057.	17,242.
147	Furniture	03/15/14	SL	5.00	16	16	161,754.				161,754.	118,778.		32,351.	151,129.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
149	Servers & TV's	02/28/14	SL	3.00		16	5,403.				5,403.	5,403.		0.	5,403.
151	OC Conference room	03/31/14	SL	3.00		16	11,992.				11,992.	11,992.		0.	11,992.
154	Headquarters improvements	09/01/14	SL	30.00		16	640,851.				640,851.	60,525.		21,362.	81,887.
155	Headquarters improvements	12/01/14	SL	10.00		16	9,408.				9,408.	3,426.		941.	4,367.
156	Headquarters improvements	04/04/15	SL	9.00		16	6,550.				6,550.	1,699.		728.	2,427.
157	Alarm	03/01/15	SL	5.00		16	5,950.				5,950.	2,777.		1,190.	3,967.
158	Chairs	08/29/14	SL	5.00		16	2,813.				2,813.	1,595.		563.	2,158.
159	Improvements - Victorville	02/17/15	SL	3.00		16	7,396.				7,396.	5,957.		1,439.	7,396.
160	Improvements - Bay Area	04/01/15	SL	3.00		16	4,842.				4,842.	3,632.		1,210.	4,842.
161	Donated Broadcom Servers	01/01/16	SL	3.00		16	10,750.				10,750.	5,375.		3,583.	8,958.
162	Server/network upgrades	05/01/16	SL	3.00		16	29,397.				29,397.	11,432.		9,799.	21,231.
163	Improv-Corridor/Restrooms	05/31/16	SL	10.00		16	36,960.				36,960.	4,311.		8,667.	12,978.
164	Headquarters HVAC	06/30/16	SL	5.00		16	33,673.				33,673.	7,296.		6,734.	14,030.
165	Headquarters Suite 200	06/30/16	SL	10.00		16	27,961.				27,961.	3,030.		2,796.	5,826.
169	HEADQUARTERS SUITE 195B	10/01/16	SL	10.00		16	26,619.				26,619.	1,996.		2,662.	4,658.
170	HEADQUARTERS EXHAUST FAN	11/01/16	SL	10.00		16	5,966.				5,966.	398.		597.	995.
171	HEADQUARTERS IRRIGATION	12/31/16	SL	5.00		16	12,589.				12,589.	1,259.		2,518.	3,777.
172	Laptop Cases	09/01/17	SL	3.00		16	4,367.				4,367.			1,212.	1,212.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
173	HP ProBook 440 G4 Notebook PC	09/01/17	SL	3.00		16	16,375.				16,375.			4,549.	4,549.
174	HP ProDisplay P223 21.5 inch Monitor	09/01/17	SL	3.00		16	638.				638.			177.	177.
175	HP ProDesk 400 G4 Small Form Factor	09/01/17	SL	3.00		16	6,757.				6,757.			1,877.	1,877.
176	HP ProDisplay P223 21.5 inch Monitor	09/01/17	SL	3.00		16	4,543.				4,543.			1,262.	1,262.
177	ProBook 450 G4 Notebook PC	09/01/17	SL	3.00		16	35,964.				35,964.			9,990.	9,990.
178	HP ProDesk 400 G4 Small Form Factor	09/01/17	SL	3.00		16	33,728.				33,728.			9,369.	9,369.
179	HP 32U Essential Charging Cart	09/01/17	SL	3.00		16	73,281.				73,281.			20,356.	20,356.
180	HP 3yr warranty	09/01/17	SL	3.00		16	1,512.				1,512.			420.	420.
181	ProBook 450 G4 Notebook PC	09/01/17	SL	3.00		16	8,796.				8,796.			2,443.	2,443.
182	WebCrd Software	11/01/17	SL	3.00		16	12,079.				12,079.			2,214.	2,214.
183	Dell PE R730 Servers (2)	09/01/17	SL	3.00		16	15,552.				15,552.			4,320.	4,320.
184	HP ProBook 450 G5 Notebooks (15)	11/01/17	SL	3.00		16	11,000.				11,000.			2,445.	2,445.
185	HP Pro Notebooks (18)	12/01/17	SL	3.00		16	11,070.				11,070.			2,153.	2,153.
186	Dell Optiplex 5040 Small Form Factor (9)	07/01/17	SL	3.00		16	6,918.				6,918.			2,498.	2,498.
187	Dell Latitude 3570 XCTO (10)	07/01/17	SL	3.00		16	8,282.				8,282.			3,681.	3,681.
188	Headquarters roof	04/01/18	SL	10.00		16	63,894.				63,894.			1,547.	1,547.
* 990 Page 10 Total Other							5,123,235.				5,123,235.	1,068,493.		321,988.	1,390,481.
* Grand Total 990 Page 10							6,339,935.				6,339,935.	1,424,155.		402,870.	1,827,025.
Depr															

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	C o r p	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Current Year Activity														
	Beginning balance						6,025,179.			0.	6,025,179.	1,424,155.			1,756,512.
	Acquisitions						314,756.			0.	314,756.	0.			70,513.
	Dispositions						0.			0.	0.	0.			0.
	Ending balance						6,339,935.			0.	6,339,935.	1,424,155.			1,827,025.
	Ending accum depr											1,827,025.			
	Ending book value											4,512,910.			

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2018

Prepared for	D. Randall Barth THINK Together 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916
Prepared by	Stephens, Reidinger & Beller LLP 1301 Dove Street, Suite 890 Newport Beach, CA 92660
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2019
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018.

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THINK Together	D Employer identification number (Employees' trust, see instructions.) 33-0781751
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. 2101 E. Fourth Street, Bldg. B, 2nd Fl City or town, state or province, country, and ZIP or foreign postal code Santa Ana, CA 92705-3916	E Unrelated business activity codes (See instructions.) 531110
C Book value of all assets at end of year 13,261,961.		F Group exemption number (See instructions.) G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **Rental of debt-financed real property**
 I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
 If "Yes," enter the name and identifying number of the parent corporation.
J The books are in care of **D. Randall Barth** Telephone number **(714) 543-3807**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances	c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c		3			
4a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b			
c	Capital loss deduction for trusts		4c			
5	Income (loss) from partnerships and S corporations (attach statement)		5			
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7	30,523.	35,969.	-5,446.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)		8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11			
12	Other income (See instructions; attach schedule)		12			
13	Total. Combine lines 3 through 12		13	30,523.	35,969.	-5,446.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	12,326.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	12,326.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-5,446.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-5,446.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-5,446.

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 **35c** 0.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Tax on Non-Compliant Facility Income.** See instructions **39****40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **41a****b** Other credits (see instructions) **41b****c** General business credit. Attach Form 3800 **41c****d** Credit for prior year minimum tax (attach Form 8801 or 8827) **41d****e** Total credits. Add lines 41a through 41d **41e****42** Subtract line 41e from line 40 **42** 0.**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43****44** Total tax. Add lines 42 and 43 **44** 0.**45a** Payments: A 2016 overpayment credited to 2017 **45a****b** 2017 estimated tax payments **45b****c** Tax deposited with Form 8868 **45c****d** Foreign organizations: Tax paid or withheld at source (see instructions) **45d****e** Backup withholding (see instructions) **45e****f** Credit for small employer health insurance premiums (Attach Form 8941) **45f****g** Other credits and payments: ☐ Form 2439 **45g**☐ Form 4136 ☐ Other Total **45g****46** Total payments. Add lines 45a through 45g **46****47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **47****48** Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48** 0.**49** Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 0.**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax **50**

Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)**51** At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No** X**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No** X**53** Enter the amount of tax-exempt interest received or accrued during the tax year **\$****Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **4/6/19** Date

CEO Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

David R. Stephens

4/6/19

P00339728

Firm's name **Stephens, Reidinger & Beller LLP**Firm's EIN **33-0639599**

1301 Dove Street, Suite 890

Firm's address **Newport Beach, CA 92660**Phone no. **(949) 752-7400**

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to		Yes
5 Total. Add lines 1 through 4b	5		property produced or acquired for resale) apply to		No
			the organization?		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B) ... ►

0.

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule) Statement 2	(b) Other deductions (attach schedule) Statement 3
(1) Shalimar Apt Bldg	74,229.	12,326.	75,148.
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1) 362,752.	882,090.	41.12%	30,523.
(2)		%	
(3)		%	
(4)		%	
		Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ►		30,523.	35,969.
Total dividends-received deductions included in column 8		0.	

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	
Totals		0.	0.	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	Enter here and on page 1, Part II, line 26.		
Totals		0.	0.	0.		

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Enter here and on page 1, Part I, line 11, col. (A).

Enter here and on page 1, Part I, line 11, col. (B).

Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

[illegible]

Footnotes

Statement 1

Beginning debt on debt financed rental property	370,884.
Ending debt on debt financed rental property	354,620.
Average debt	362,752.

Form 990-T	Schedule E - Depreciation Deduction	Statement	2
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Description	Activity Number	Amount	Total
Depreciation		12,326.	
- SubTotal -	1		12,326.
Total of Form 990-T, Schedule E, Column 3(a)			12,326.

Form 990-T	Schedule E - Other Deductions	Statement	3
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Description	Activity Number	Amount	Total
Interest		10,209.	
Property tax		12,168.	
Repairs & maintenance		13,648.	
Insurance		11,813.	
Outside services		10,761.	
Office expense		1,138.	
Administrative expense		11,000.	
Utilites		4,411.	
- SubTotal -	1		75,148.
Total of Form 990-T, Schedule E, Column 3(b)			75,148.

2017 DEPRECIATION AND AMORTIZATION REPORT

Shalimar Apt Bldg

E-1

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
92	Building - Shalimar	01/29/08	SL	39.00	MM	17	360,000.				360,000.	113,000.		12,000.	125,000.
93	Land - Shalimar	01/29/08	L				512,000.				512,000.			0.	
98	New Roof - Shalimar	02/10/11	SL	39.00	MM	17	10,090.				10,090.	2,133.		326.	2,459.
	* Total 990-T Sch E Depr						882,090.				882,090.	115,133.		12,326.	127,459.

2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

June 30, 2018

Prepared for	D. Randall Barth THINK Together 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916
Prepared by	Stephens, Reidinger & Beller LLP 1301 Dove Street, Suite 890 Newport Beach, CA 92660
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	

TAXABLE YEAR

2017

California Exempt Organization Annual Information Return

728941 12-06-17
FORM

199

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy)

07/01/2017

, and ending (mm/dd/yyyy)

06/30/2018

Corporation/Organization name

California corporation number

THINK TOGETHER

2059147

Additional information. See instructions.

FEIN

33-0781751

Street address (suite or room)

2101 E. FOURTH STREET, BLDG. B, 2ND FL

PMB no.

City

SANTA ANA

State

CA

ZIP code

92705-3916

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First Return ☐ Yes ☒ No
- B** Amended Return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final Information Return?
- ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
- Enter date: (mm/dd/yyyy) _____
- E** Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
- F** Federal return filed? (1) ☒ 990T (2) ☐ 990PF (3) ☐ Sch H (990) (4) ☒ Other 990 series
- G** Is this a group filing? See instructions ☐ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No
If "Yes," what is the parent's name? _____
- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions ☐ Yes ☒ No

- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources \$ _____
- L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. ☒ Yes ☐ No
- M** Is the organization a Limited Liability Company? ☐ Yes ☒ No
- N** Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No
- O** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No
- P** Is federal Form 1023/1024 pending? ☐ Yes ☒ No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	48,480,337.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	2,566,430.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	51,046,767.00
	5	Cost of goods sold	5	00
Expenses	6	Cost or other basis, and sales expenses of assets sold	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4	8	51,046,767.00
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	50,341,913.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	704,854.00
	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Information F	15	N/A 00
	16	Penalties and Interest. See General Information J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title	Date	Telephone
<i>[Signature]</i>	CEO	4/8/19	
Preparer's signature	Date	Check if self-employed	PTIN
<i>[Signature]</i>	4/6/19	<input type="checkbox"/>	P00339728
Firm's name (or yours, if self-employed) and address	FEIN		
STEPHENS, REIDINGER & BELLER LLP	33-0639599		
1301 DOVE STREET, SUITE 890	Telephone		
NEWPORT BEACH, CA 92660	(949) 752-7400		

May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	397,516.00
	2	Interest	2	90,829.00
	3	Dividends	3	00
	4	Gross rents	4	544,275.00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income SEE STATEMENT 2	7	47,447,717.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	48,480,337.00
	9	Contributions, gifts, grants, and similar amounts paid	9	5,845.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	1,297,950.00
	12	Other salaries and wages	12	34,812,175.00
	13	Interest	13	247,508.00
	14	Taxes	14	3,249,750.00
	15	Rents	15	900,686.00
	16	Depreciation and depletion (See instructions)	16	442,123.00
	17	Other Expenses and Disbursements SEE STATEMENT 4	17	9,385,876.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	50,341,913.00

Schedule L		Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)		
1	Cash		116,964.		• 487,678.		
2	Net accounts receivable		4,462,858.		• 3,934,372.		
3	Net notes receivable				•		
4	Inventories				•		
5	Federal and state government obligations				•		
8	Investments in other bonds				•		
7	Investments in stock STMT 5		270,266.		•		
8	Mortgage loans				•		
9	Other investments STMT 6		46,529.		• 67,281.		
10	a Depreciable assets	4,591,055.		4,971,146.			
	b Less accumulated depreciation	(1,651,838.)	2,939,217.	(2,088,995.)	2,882,151.		
11	Land		4,352,000.		• 4,352,000.		
12	Other assets STMT 7		1,051,638.		• 1,538,479.		
13	Total assets		13,239,472.		13,261,961.		
Liabilities and net worth							
14	Accounts payable		4,335,760.		• 4,545,234.		
15	Contributions, gifts, or grants payable				•		
16	Bonds and notes payable STMT 8				• 250,000.		
17	Mortgages payable		2,812,750.		• 2,082,473.		
18	Other liabilities STMT 9		2,957,161.		2,545,599.		
19	Capital stock or principal fund				•		
20	Paid-in or capital surplus. Attach reconciliation				•		
21	Retained earnings or income fund		3,133,801.		• 3,838,655.		
22	Total liabilities and net worth		13,239,472.		13,261,961.		

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	704,854.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	704,854.
6 Total. Add line 1 through line 5	704,854.		

CA 199		Cash Contributions Included on Part I, Line 3	Statement	1
Contributor's Name	Contributor's Address	Date of Gift	Amount	
Bank of America Charitable Gift Fund	100 Federal St Boston, MA 02110		75,000.	
Bank of America Charitable Foundation	PO Box 55850 Boston, MA 02205-5850		17,500.	
Bart and Deborah Thomsen	8 Pinehurst Newport Beach, CA 92660		5,000.	
Croul Family Foundation	"c/o First Foundation Advisors, 18101 Von Karman Ave Ste 7000 Irvine, CA 92		10,000.	
Children and Families Commission of Orange County	1505 E 17th St Ste 230 Santa Ana, CA 92705-8513		890,000.	
Chevron	145 South St. College Blvd. Suite 500 Brea, CA 92821		10,000.	
DevTo Support Foundation	2532 Dupont Dr Irvine, CA 92612-1524		50,000.	
Donald and Carrie Nikols	2532 Circle Dr Newport Beach, CA 92663-5615		6,650.	
Doug and Catherine Antone	641 Loretta Dr Laguna Beach, CA 92651		35,000.	
Johnny Carson Foundation	9595 Wilshire Blvd STE 900 Beverly Hills, CA 90212		5,000.	
E C Boden Family Foundation Fund	4041 MacArthur Blvd., Ste 510 Newport Beach, CA 92660		25,000.	
Kissick Family Foundation	922 Napoli Dr Pacific Palisades, CA 90272		25,000.	
KP FINANCIAL SVCS OPS	75 N Fair Oaks Ave Pasadena, CA 91103-3651		102,500.	
Leona Aronoff Charitable Foundation Fund	4280 Latham St Ste C Riverside, CA 92501-1737		25,000.	
Inland Empire United Way	9624 Hermosa Ave Rch Cucamonga, CA 91730-5812		25,000.	

LA84 Foundation	2141 W. Adams Blvd. Los Angeles, CA 90018	142,000.
Pircher, Nichols & Meeks	1901 Avenue of the Stars Ste 1200 Los Angeles, CA 90067	5,000.
James and Beverly Peters	2411 Bayshore Dr Newport Beach, CA 92663-5604	5,000.
Orora North America	6600 Valley View Street Buena Park, CA 90620	10,000.
Roripaugh Family Foundation	18101 Von Karman Ave Ste 7000 Irvine, CA 92612-0145	10,000.
Majestic Realty Foundation	13191 Crossroads Parkway North, 6th Floor City of Industry, CA 91746	19,531.
McMaster-Carr Supply Company	PO Box 680 Elmhurst, IL 60126	23,500.
The David and Lucile Packard Foundation	343 2nd St Los Altos, CA 94022-3696	50,000.
ORION Property Partners	2010 Main St Ste 300 Irvine, CA 92614-7278	10,000.
Pacific Life Foundation	700 Newport Center Dr Newport Beach, CA 92660-6307	25,000.
Ralph M. Parsons Foundation	888 W 6th St Ste 700 Los Angeles, CA 90017-2733	100,000.
San Manuel Band of Mission Indians	26569 Community Center Dr Highland, CA 92346-6712	50,000.
Silicon Valley Community Foundation	2440 West El Camino Real, Suite 300 Mountain View, CA 94040	10,000.
Sobrato Family Foundation	10600 N De Anza Blvd Ste 200 Cupertino, CA 95014-2075	28,000.
Southern California Edison	2244 Walnut Grove Ave Rosemead, CA 91770-0700	30,000.
Ueberroth Family Foundation	PO Box 37 Corona del Mar, CA 92625-0037	50,000.
United Way of Greater Los Angeles	1150 S Olive St, Ste T-500 Los Angeles, CA 90015	40,000.

THINK Together		33-0781751
Citrix	851 W Cypress Creek Rd Fort Lauderdale, FL 33309	44,158.
Allen and Heather Hakes	930 Aleppo St Newport Beach, CA 92660	5,000.
Dwight Stuart Youth Fund	9595 Wilshire Blvd Ste 212 Beverly Hills, CA 90212-2502	20,000.
BNY Mellon Wealth Management - Newport Beach	1600 Newport Center Dr Ste 200 Newport Beach, CA 92660-6209	10,000.
Fulcrum Learning Systems	3325 Pico Blvd Santa Monica, CA 90405	10,000.
Gregory and Sara Palmer Household	26481 Broken Bit Ln Laguna Beach, CA 92653	5,000.
Previer Family Fund	4041 MacArthur Blvd Ste 510 Newport Beach, CA 92660-2503	5,000.
Daniel and Leslee Young	520 Newport Center Dr Ste 610 Newport Beach, CA 92660-7037	10,000.
Jeffrey and Joanne Wahba Household	3105 N Poinsettia Ave Manhattan Beach, CA 90266-3533	5,302.
Joseph Drown Foundation	1999 Avenue of the Stars Ste 2330 Los Angeles, CA 90067-6043	50,000.
Leona Aronoff-Sadacca and Joseph Sadacca Household	151 Kalmus Dr H10 Costa Mesa, CA 92626	10,000.
Mary Lynn and William Coffee Household	12342 Charloma Dr Tustin, CA 92780-2403	10,000.
Medtronic	9775 Toledo Way Irvine, CA 92618-1811	25,000.
Ralphs/Food 4 Less Foundation	1100 W Artesia Blvd Compton, CA 90220-5108	20,000.
Raymond DeAngelo Household	16787 Beach Blvd #272 Huntington Beach, CA 92647	7,000.
Mark and Emily Abbott	19549 Roanoke Rd Apple Valley, CA 92307-2420	8,000.
Michael and Jennifer Rue	11271 Reservoir Rd Santa Ana, CA 92705	10,100.

THINK Together		33-0781751
Target	39650 Liberty St Ste 450 Fremont, CA 94538-2262	75,000.
The Green Foundation	3070 Lombardy Rd Pasadena, CA 91107-5531	40,000.
Patricia O'Donnell	600 Via Lido Nord Newport Beach, CA 92663-5521	5,000.
The Vaya Con Dios Foundation	1704 Paterna Rd Santa Barbara, CA 93103-1802	5,000.
Samuel and Susan Anderson	63 Beacon Bay Newport Beach, CA 92660-7223	10,500.
Wells Fargo Foundation	550 S 4th St, MAC N9310-074 Minneapolis, MN 55415	15,000.
Santa Ana Unified School District	1601 E Chestnut Ave Santa Ana, CA 92701-6322	225,000.
State Farm Mutual Automobile Insurance Company	3333 Michelson Dr Ste 300 Irvine, CA 92612-1683	20,000.
Tony French	11 Sandbar Dr Corona Del Mar, CA 92625-1431	5,300.
Unical Aviation Inc.	680 S Lemon Ave City of Industry, CA 91789	5,000.
Total included on line 3		2,575,041.

A 199	Other Income	Statement	2
Description		Amount	
Miscellaneous		417,598.	
School District Contracts		47,030,119.	
otal to Form 199, Part II, line 7		47,447,717.	

CA 199	Compensation of Officers, Directors and Trustees	Statement	3
--------	--	-----------	---

Name and Address	Title and Average Hrs Worked/Wk	Compensation
Randall Barth 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	CEO & Founder 40.00	394,416.
Wick Candito 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Glenn Howard 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Treasurer 2.00	0.
Daniel Young 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Leona Aronoff-Sadacca 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Mary Lynn Coffee 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Fran Inman 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Paolo Leon 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Marti Remmell 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.

Sangeeth Peruri 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Ken Salgado 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Eric Boden 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Chairperson 4.00	0.
Juan Lopez 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Earl Slee 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Bill Tamblyn 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
John Lee 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Steven Robertson 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Julie Vennewitz-Pierce 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Jeffrey Wahba 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.

Dawn Trautman 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Bernardo Salvatore 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
John Turner 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Anu Worah 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Board Director 2.00	0.
Mike Frobenius 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	CFO 40.00	204,160.
Maria Reichel 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Chief of Staff 40.00	164,340.
Adriana Kingston 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Deputy Chief -Program and 40.00	158,500.
Lia Dwyer 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Chief Operating Officer 40.00	197,208.
Martin Holtman 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	Chief People Officer 40.00	179,326.
Natalia Flores 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916	General Manager 40.00	0.
Total to Form 199, Part II, line 11		<u>1,297,950.</u>

CA 199	Other Expenses	Statement	4
Description		Amount	
School supplies		2,130,275.	
Subcontracted services		617,068.	
Copying and printing		444,707.	
Staff development & tra		253,661.	
Insurance		11,813.	
Interest		10,209.	
Contracted services		10,761.	
Repairs & maintenance		13,648.	
Property taxes		12,168.	
Office expense		1,138.	
Administrative		11,000.	
Utilities		4,411.	
Insurance		9,270.	
Contracted services		16,554.	
Repairs & maintenance		49,905.	
Property taxes		22,209.	
Utilities		56,152.	
Administrative		11,000.	
Lease commissions		26,285.	
Office expense		139.	
Direct expenses of fundraising events		144,649.	
Legal fees		404,285.	
Accounting fees		42,471.	
Other professional fees		339,157.	
Advertising and promotion		224,267.	
Office expenses		546,798.	
Information technology		551,588.	
Travel		568,747.	
Insurance		1,892,201.	
All other expenses		959,340.	
Total to Form 199, Part II, line 17		9,385,876.	

CA 199	Investments in Stock	Statement	5
Description	Beg. of Year	End of Year	
Other investments - Orange Cty Community Fdn	270,266.	0.	
Total to Form 199, Schedule L, line 7	270,266.	0.	

CA 199	Other Investments	Statement	6
Description	Beg. of Year	End of Year	
Investments	46,529.	67,281.	
Total to Form 199, Schedule L, line 9	46,529.	67,281.	

CA 199	Other Assets	Statement	7
Description	Beg. of Year	End of Year	
Prepaid Expenses and Deferred Charges	145,485.	418,243.	
Intangible Assets	350,000.	350,000.	
Deposits	77,732.	83,461.	
Deferred lease commissions	49,270.	50,739.	
Equity interest in benefit corporation	429,151.	636,036.	
Total to Form 199, Schedule L, line 12	1,051,638.	1,538,479.	

A 199	Bonds and Notes Payable	Statement	8
Description	Beg. of Year	End of Year	
Payables to Officers, Directors, Trustees and Key Employees, Etc.	0.	250,000.	
Total to Form 199, Schedule L, line 16	0.	250,000.	

CA 199	Other Liabilities	Statement	9
Description	Beg. of Year	End of Year	
Service obligation	2,673,792.	2,169,475.	
Deferred Revenue	283,369.	376,124.	
Total to Form 199, Schedule L, line 18	2,957,161.	2,545,599.	

CA 199	Fund Balances	Statement 10
Description	Beg. of Year	End of Year
Unrestricted Assets	2,863,534.	3,564,652.
Temporarily Restricted Assets	270,267.	274,003.
Total to Form 199, Schedule L, line 21	3,133,801.	3,838,655.

CA Schedule L	Depreciable Assets	Statement 11	
Description	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value
Building - Shalimar	360,000.	125,000.	235,000.
New Roof - Shalimar	10,090.	2,526.	7,564.
Furniture	165,558.	163,586.	1,972.
Leasehold improvements	12,333.	12,333.	0.
Phone system upgrade	37,837.	37,837.	0.
Xerox Equitrac	22,981.	22,981.	0.
Hydraulic cutter	19,918.	19,918.	0.
Biometrics live scan equip	19,185.	19,185.	0.
Building - HQ	611,571.	149,107.	462,464.
SB A/V Equipment	12,708.	12,708.	0.
SB Phone System	7,694.	7,694.	0.
Cabling Services	11,274.	11,274.	0.
Alarm	5,860.	5,860.	0.
Live Scan Maching	5,945.	5,945.	0.
Furniture	11,313.	11,313.	0.
Furniture	14,657.	14,657.	0.
Furniture	77,625.	77,625.	0.
Furniture	44,269.	44,269.	0.
Furniture	18,481.	18,481.	0.
Furniture	5,361.	5,361.	0.
Memory for exchange server	2,657.	2,657.	0.
Tenant improv. - Pattera	16,557.	16,557.	0.
Tenant improv. - McGough	20,483.	20,483.	0.
Headquarters improvements	605,129.	287,437.	317,692.
OC Hub Improvements	770,296.	333,796.	436,500.
Headquarters window shades	30,943.	13,407.	17,536.
OC Hub Window Shades	15,472.	6,704.	8,768.
Tenant improv. - Preferred Real Estate	15,548.	15,548.	0.
A/V Equipment/Installation	6,222.	6,117.	105.
Phone System & Cabling	11,694.	11,694.	0.
Cabling Services	28,335.	26,918.	1,417.
Alarm	29,318.	27,365.	1,953.
Cabling Services	10,072.	9,063.	1,009.
A/V Equipment/Install -Riv Moreno	14,976.	13,228.	1,748.

/V Equipment/Install -OC Hub	14,976.	12,729.	2,247.
abling Services -OC Hub	20,285.	17,242.	3,043.
urniture	161,754.	151,129.	10,625.
Servers & TV's	5,403.	5,403.	0.
C Conference room	11,992.	11,992.	0.
uilding - HQ	400,963.	48,020.	352,943.
Headquarters improvements	640,851.	81,887.	558,964.
Headquarters improvements	9,408.	4,367.	5,041.
Headquarters improvements	6,550.	2,427.	4,123.
Alarm	5,950.	3,967.	1,983.
Chairs	2,813.	2,158.	655.
mprovements - Victorville	7,396.	7,396.	0.
mprovements - Bay Area	4,842.	4,842.	0.
Donated Broadcom Servers	10,750.	8,958.	1,792.
erver/network upgrades	29,397.	21,231.	8,166.
eadquarters			
Improv-Corridor/Restrooms	36,960.	12,978.	23,982.
Headquarters HVAC Replacement	33,673.	14,030.	19,643.
Headquarters Suite 200			
Upgrades	27,961.	5,826.	22,135.
Tenant improv. - Healthy			
miles	15,425.	9,769.	5,656.
enant improv. - Koinonia			
Family	10,075.	6,045.	4,030.
Tenant improv. - Able Physical	29,828.	22,371.	7,457.
HEADQUARTERS SUITE 195B			
RENOVATION	26,619.	4,658.	21,961.
HEADQUARTERS EXHAUST FAN			
REPLACEMENT	5,966.	995.	4,971.
HEADQUARTERS IRRIGATION			
REPAIRS PROJECT	12,589.	3,777.	8,812.
aptop Cases	4,367.	1,212.	3,155.
P ProBook 440 G4 Notebook PC	16,375.	4,549.	11,826.
HP ProDisplay P223 21.5 inch			
Monitor	638.	177.	461.
HP ProDesk 400 G4 Small Form			
Factor	6,757.	1,877.	4,880.
HP ProDisplay P223 21.5 inch			
onitor	4,543.	1,262.	3,281.
roBook 450 G4 Notebook PC	35,964.	9,990.	25,974.
HP ProDesk 400 G4 Small Form			
Factor	33,728.	9,369.	24,359.
HP 32U Essential Charging Cart	73,281.	20,356.	52,925.
HP 3yr warranty	1,512.	420.	1,092.
ProBook 450 G4 Notebook PC	8,796.	2,443.	6,353.
WebCRD Software	12,079.	2,214.	9,865.
Dell PE R730 Servers (2)	15,552.	4,320.	11,232.
HP Probook 450 G5 Notebooks			
(15)	11,000.	2,445.	8,555.
HP Pro Notebooks (18)	11,070.	2,153.	8,917.
Dell Optiplex 5040 Small Form			
Factor (9)	6,918.	2,498.	4,420.
Dell Latitude 3570 XCTO (10)	8,282.	3,681.	4,601.
Headquarters roof	63,894.	1,547.	62,347.

THINK Together

33-0781751

Headquarters roof

41,890.

1,015.

40,875.

Total to Form 199, Sch L, line 10

4,941,434.

2,094,359.

2,847,075.

2017

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 199

FEIN 33-0781751

Corporation name

California corporation number

THINK TOGETHER

2059147

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	12	9,293,434.	1,652,236.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	442,123.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	442,123.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	442,123.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

CA 3885	Depreciation					Statement	12
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Asset No./ Description	Date in Service	Cost or Basis	Prior Depr	Method	Life	Depre- ciation	Bonus
88 Building - Shalimar	01/29/08	360,000.	113,000.	SL	39.00	12,000.	
89 Land - Shalimar	01/29/08	512,000.		L		0.	
96 New Roof - Shalimar	02/10/11	10,090.	2,200.	SL	39.00	326.	
105 Furniture	08/01/11	165,558.	139,935.	SL	7.00	23,651.	
106 Leasehold improvements	09/12/11	12,333.	12,333.	SL	5.00	0.	
107 Phone system upgrade	08/31/11	37,837.	37,837.	SL	5.00	0.	
108 Xerox Equitrac	11/30/11	22,981.	22,981.	SL	5.00	0.	
109 Hydraulic cutter	08/25/11	19,918.	19,918.	SL	5.00	0.	
110 Biometrics live scan equip	06/30/12	19,185.	19,185.	SL	5.00	0.	
111 Land - HQ	08/24/12	2,319,360.		L		0.	
112 Building - HQ	08/24/12	611,571.	128,738.	SL	39.00	20,369.	
113 SB A/V Equipment	01/31/13	12,708.	11,227.	SL	5.00	1,481.	
114 SB Phone System	02/01/13	7,694.	6,797.	SL	5.00	897.	
115 Cabling Services	03/01/13	11,274.	9,772.	SL	5.00	1,502.	
116 Alarm	04/01/13	5,860.	4,981.	SL	5.00	879.	
117 Live Scan Maching	06/21/13	5,945.	4,756.	SL	5.00	1,189.	
118 Furniture	10/01/12	11,313.	10,748.	SL	5.00	565.	
119 Furniture	10/26/12	14,657.	13,678.	SL	5.00	979.	
120 Furniture	01/17/13	77,625.	69,863.	SL	5.00	7,762.	
121 Furniture	01/31/13	44,269.	39,105.	SL	5.00	5,164.	
122 Furniture	02/20/13	18,481.	16,016.	SL	5.00	2,465.	
123 Furniture	04/15/13	5,361.	4,556.	SL	5.00	805.	
124 Memory for exchange server	06/01/13	2,657.	2,168.	SL	5.00	489.	

132	Tenant improv. - Pattera						
	03/31/13	16,557.	16,557.	SL	4.00	0.	
133	Tenant improv. - McGough						
	06/01/13	20,483.	20,483.	SL	4.00	0.	
134	Headquarters improvements						
	10/31/13	605,129.	226,924.	SL	10.00	60,513.	
135	OC Hub Improvements						
	03/01/14	770,296.	256,766.	SL	10.00	77,030.	
136	Headquarters window shades						
	03/01/14	30,943.	10,313.	SL	10.00	3,094.	
137	OC Hub Window Shades						
	03/01/14	15,472.	5,157.	SL	10.00	1,547.	
138	Tenant improv. - Preferred Real Estate						
	11/01/13	15,548.	15,548.	SL	4.00	0.	
139	A/V Equipment/Installation						
	07/31/13	6,222.	4,873.	SL	5.00	1,244.	
140	Phone System & Cabling						
	07/26/13	11,694.	11,694.	SL	2.00	0.	
141	Cabling Services						
	10/15/13	28,335.	21,251.	SL	5.00	5,667.	
142	Alarm						
	11/04/13	29,318.	21,501.	SL	5.00	5,864.	
143	Cabling Services						
	01/08/14	10,072.	7,049.	SL	5.00	2,014.	
144	A/V Equipment/Install -Riv Moreno						
	02/10/14	14,976.	10,233.	SL	5.00	2,995.	
145	A/V Equipment/Install -OC Hub						
	03/16/14	14,976.	9,734.	SL	5.00	2,995.	
146	Cabling Services -OC Hub						
	02/27/14	20,285.	13,185.	SL	5.00	4,057.	
147	Furniture						
	03/15/14	161,754.	118,778.	SL	5.00	32,351.	
149	Servers & TV's						
	02/28/14	5,403.	5,403.	SL	3.00	0.	
151	OC Conference room						
	03/31/14	11,992.	11,992.	SL	3.00	0.	
152	Building - HQ						
	08/24/12	400,963.	34,665.	SL	39.00	13,355.	
153	Land - HQ						
	08/24/12	1,520,640.		L		0.	
154	Headquarters improvements						
	09/01/14	640,851.	60,525.	SL	30.00	21,362.	
155	Headquarters improvements						
	12/01/14	9,408.	3,426.	SL	10.00	941.	
156	Headquarters improvements						
	04/04/15	6,550.	1,699.	SL	9.00	728.	
157	Alarm						
	03/01/15	5,950.	2,777.	SL	5.00	1,190.	
158	Chairs						
	08/29/14	2,813.	1,595.	SL	5.00	563.	
159	Improvements - Victorville						
	02/17/15	7,396.	5,957.	SL	3.00	1,439.	
160	Improvements - Bay Area						
	04/01/15	4,842.	3,632.	SL	3.00	1,210.	

161	Donated Broadcom Servers					
	01/01/16	10,750.	5,375.	SL	3.00	3,583.
162	Server/network upgrades					
	05/01/16	29,397.	11,432.	SL	3.00	9,799.
163	Headquarters Improv-Corridor/Restrooms					
	05/31/16	36,960.	4,311.	SL	10.00	8,667.
164	Headquarters HVAC Replacement					
	06/30/16	33,673.	7,296.	SL	5.00	6,734.
165	Headquarters Suite 200 upgrades					
	06/30/16	27,961.	3,030.	SL	10.00	2,796.
166	Tenant improv. - Healthy Smiles					
	07/01/15	15,425.	6,684.	SL	5.00	3,085.
167	Tenant improv. - Koinonia Family					
	12/01/15	10,075.	4,030.	SL	5.00	2,015.
168	Tenant improv. - Able Physical					
	12/01/15	29,828.	14,914.	SL	4.00	7,457.
169	HEADQUARTERS SUITE 195B RENOVATION					
	10/01/16	26,619.	1,996.	SL	10.00	2,662.
170	HEADQUARTERS EXHAUST FAN REPLACEMENT					
	11/01/16	5,966.	398.	SL	10.00	597.
171	HEADQUARTERS IRRIGATION REPAIRS PROJECT					
	12/31/16	12,589.	1,259.	SL	5.00	2,518.
172	Laptop Cases					
	09/01/17	4,367.		SL	3.00	1,212.
173	HP ProBook 440 G4 Notebook PC					
	09/01/17	16,375.		SL	3.00	4,549.
174	HP ProDisplay P223 21.5 inch Monitor					
	09/01/17	638.		SL	3.00	177.
175	HP ProDesk 400 G4 Small Form Factor					
	09/01/17	6,757.		SL	3.00	1,877.
176	HP ProDisplay P223 21.5 inch Monitor					
	09/01/17	4,543.		SL	3.00	1,262.
177	ProBook 450 G4 Notebook PC					
	09/01/17	35,964.		SL	3.00	9,990.
178	HP ProDesk 400 G4 Small Form Factor					
	09/01/17	33,728.		SL	3.00	9,369.
179	HP 32U Essential Charging Cart					
	09/01/17	73,281.		SL	3.00	20,356.
180	HP 3yr warranty					
	09/01/17	1,512.		SL	3.00	420.
181	ProBook 450 G4 Notebook PC					
	09/01/17	8,796.		SL	3.00	2,443.
182	WebCRD Software					
	11/01/17	12,079.		SL	3.00	2,214.
183	Dell PE R730 Servers (2)					
	09/01/17	15,552.		SL	3.00	4,320.
184	HP Probook 450 G5 Notebooks (15)					
	11/01/17	11,000.		SL	3.00	2,445.
185	HP Pro Notebooks (18)					
	12/01/17	11,070.		SL	3.00	2,153.
186	Dell Optiplex 5040 Small Form Factor (9)					
	07/01/17	6,918.		SL	3.00	2,498.
187	Dell Latitude 3570 XCTO (10)					
	07/01/17	8,282.		SL	3.00	3,681.

188 Headquarters roof					
04/01/18	63,894.	SL	10.00	1,547.	
189 Headquarters roof					
06/01/18	41,890.	SL	10.00	1,015.	
Total to Form 3885	<u>9,293,434.</u>	<u>1,652,236.</u>		<u>442,123.</u>	

2017 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

June 30, 2018

Prepared for	D. Randall Barth THINK Together 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916
Prepared by	Stephens, Reidinger & Beller LLP 1301 Dove Street, Suite 890 Newport Beach, CA 92660
To be signed and dated by	The authorized individual(s).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not Applicable
Mail tax return and check (if applicable) to	Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500
Return must be mailed on or before	May 15, 2019
Special Instructions	

2017

California Exempt Organization Business Income Tax Return

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **07/01/2017**, and ending (mm/dd/yyyy) **06/30/2018**

Corporation/Organization name

THINK TOGETHER

California corporation number

2059147

Additional information. See instructions.

FEIN

33-0781751

Street address (suite/room no.)

2101 E. FOURTH STREET, BLDG. B, 2ND FL

PMB no.

City (If the corporation has a foreign address, see instructions.)

SANTA ANA

State

CA

ZIP code

92705-3916

Foreign country name

Foreign province/state/county

Foreign postal code

A First Return Filed? ☐ Yes ☒ NoB Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ NoC Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ NoD Final Return? ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date (mm/dd/yyyy) ☐ Yes ☒ NoE Amended Return ☐ Yes ☒ NoF Accounting Method Used: (1) ☐ Cash (2) ☒ Accrual (3) ☐ OtherG Nature of trade or business **SEE STATEMENT 13**H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☐ Yes ☒ NoI Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ☐ Yes ☒ NoJ Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☐ Yes ☒ NoK Unrelated Business Activity (UBA) Code **531110**L Is this a Hospital? ☐ Yes ☒ No

If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	00
	2	Mult. in 1 by the avg. apport. pctg % from the Sch. R, Apport. Formula Wksht, Part A, in 2 or Part B, in 5. See Instr.	2	00
	3	Enter the lesser amt from in 1 or in 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from in 1	3	0.00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4	00
	5	Unrelated business taxable income from line 3 or line 4	5	00
Tax Computation	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6	00
	7	Net Operating Loss deduction. See General Information N	7	00
	8	Add line 6 and line 7	8	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	00
	10	Tax 8.84 % x line 9. See General Information J	10	00
	11	Tax credits from Schedule B. See instructions	11	00
	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	00
Total Tax	13	Alternative minimum tax. See General Information O	13	00
	14	Total tax. Add line 12 and line 13	14	0.00
Payments	15	Overpayment from a prior year allowed as a credit	15	00
	16	2017 estimated tax payments. See instructions	16	00
	17	Withholding (Form 592-B and/or 593.) See instructions	17	00
	18	Amount paid with extension (form FTB 3539)	18	00
	19	Total payments and credits. Add line 15 through line 18	19	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	24	00
	25	Enter amount of line 24 to be applied to 2018 estimated tax	25	00



Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number		26a
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number		26c
	27 Penalties and interest. See General Information M	27	00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00	

Unrelated Business Taxable Income**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2 Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3 Gross profit. Subtract line 2 from line 1c			3	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
b Net gain (loss) from Part II, Schedule D-1			4b	00
c Capital loss deduction for trusts			4c	00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	00
6 Rental income (Schedule C)			6	00
7 Unrelated debt-financed income (Schedule D)			7	-5,446.00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10 Exploited exempt activity income (Schedule G)			10	00
11 Advertising income (Schedule H, Part III, Column A)			11	00
12 Other income. Attach schedule			12	00
13 Total unrelated trade or business income. Add line 3 through line 12			13	-5,446.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I	14	00
15 Salaries and wages	15	00
16 Repairs	16	00
17 Bad debts	17	00
18 Interest	18	00
19 Taxes	19	00
20 Contributions	20	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00
b Less: depreciation claimed on Schedule A	21b	00
22 Depletion	22	00
23 a Contributions to deferred compensation plans	23a	00
b Employee benefit programs	23b	00
24 Other deductions	24	00
25 Total deductions. Add line 14 through line 24	25	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	-5,446.00
27 Excess advertising costs (Schedule H, Part III, Column B)	27	00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	-5,446.00
29 Specific deduction	29	1,000.00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28	30	-5,446.00

Sign Here	To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.		
	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 taxpayer) is based on all information of which preparer has any knowledge.		
Paid Preparer's Use Only	Signature of officer		Title CEO
	Preparer's signature		Date 4/6/19
	Firm's name (or yours, if self-employed)	STEPHENS, REIDINGER & BELLER LLP	
	and address	1301 DOVE STREET, SUITE 890 NEWPORT BEACH, CA 92660	
	May the FTB discuss this return with the preparer shown above? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone PTIN P00339728 FEIN 33-0639599 Telephone (949) 752-7400

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1 Inventory at beginning of year	1	00
2 Purchases	2	00
3 Cost of labor	3	00
4 a Additional IRC Section 263A costs. Attach schedule	4a	00
4 b Other costs. Attach schedule	4b	00
5 Total. Add line 1 through line 4b	5	00
6 Inventory at end of year	6	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☒ No

Schedule B Tax Credits.

1 Enter credit name	code	1	00
2 Enter credit name	code	2	00
3 Enter credit name	code	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4	00

Schedule K Add-On Taxes or Recapture of Tax.

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
b Method for non-dealer installment obligations	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4 Credit recapture. Credit name	4	00
5 Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
1 Total Sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California ((b) ÷ (a)) x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight-line depreciation STATEMENT 15	(b) Other deductions STATEMENT 16
SHALIMAR APT BLDG		74,229.	12,326.	75,148.
		0.		
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6
362,752.	882,090.	41.12 %	30,523.	35,969.
		%		
		%		
Total. Enter here and on Side 2, Part I, line 7				-5,446.

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations			Nonexempt Controlled Organizations		
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							

A 109	Nature of Trade or Business	Statement	13
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Rental of debt-financed real property

To Form 109, Page 1

	Footnotes	Statement	14
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Beginning debt on debt financed rental property		370,884.
Ending debt on debt financed rental property		354,620.
Average debt		362,752.

CA 109		Depreciation Deduction		Statement 15
Description	Activity Number	Amount	Total	
Depreciation		12,326.		
- SubTotal -	1		12,326.	
Total to Form 109, Schedule D, line 3a			12,326.	

CA 109		Other Deductions		Statement 16
Description	Activity Number	Amount	Total	
Interest		10,209.		
Property tax		12,168.		
Repairs & maintenance		13,648.		
Insurance		11,813.		
Outside services		10,761.		
Office expense		1,138.		
Administrative expense		11,000.		
Utilites		4,411.		
- SubTotal -	1		75,148.	
Total to Form 109, Schedule D, line 3b			75,148.	

718281 # - Current year section 179 (D) - Asset disposed
04-01-17

2017

Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

THINK Together

During the taxable year the corporation incurred the NOL, the corporation was a(n): ☒ C Corporation☐ S Corporation ☒ Exempt Organization ☐ Limited liability company (electing to be taxed as a corporation)

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

☒

2059147

FEIN

33-0781751

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2.

Enter as a positive number 1 0. 00

2 2017 disaster loss included in line 1. Enter as a positive number 2 00

3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions 3 00

4 a Enter the amount of the loss incurred by a new business included in line 3 4a 00

b Enter the amount of the loss incurred by an eligible small business included in line 3 4b 00

c Add line 4a and line 4b 4c 00

5 General NOL. Subtract line 4c from line 3 5 00

6 Current Year NOL. Add line 2, line 4c, and line 5. See instructions 6 00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2015 and/or 2016, complete

Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2017 NOL carryback used to offset 2015 net income. Enter the amount from Part III, line 3, column (e) 7 00

8 2017 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (g) 8 00

9 2017 NOL carryover to 2018. Add line 7 and line 8, then subtract the result from line 6. See instructions. 9 00

Election to waive carryback

☐ Check the box if the corporation elects to relinquish the entire carryback period with respect to 2017 NOL under Internal Revenue Code (IRC) Section 172(b)(3).

By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's irrevocable. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).

(g) Available balance

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2016	(f) Amount used in 2017	(g) Available balance	(h) Carryover to 2018 col. (e) minus col. (f)
2014		GEN	477.	51.	0.	0.	51.
2016		GEN	962.	962.	0.	0.	962.

Current Year NOLs

3	Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2016	(f) Amount used in 2017	(g) Available balance	(h) Carryover to 2018 col. (e) minus col. (f)
2017			DIS					col. (d) minus col. (f) See instructions.
4	2017							
	2017							
	2017							
	2017							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback**1** 2015 Net income - Enter the amount from 2015 Form 100, line 22; Form 100W, line 22; Form 100S

line 20; or taxable income from Form 109, line 9; (but not less than -0-)

2 2016 Net income - Enter the amount from 2016 Form 100, line 22; Form 100W, line 22; Form 100S,

line 20; or taxable income from Form 109, line 9; (but not less than -0-)

-485.

(a) Year of Loss	(b) Code - See Instruc- tions	(c) Type of NOL- See below*	(d) Initial loss - See instructions	2015		2016		(i) Carryover to 2018 col. (d) minus (col. (e) plus col. (g))
				(e) Carryback used - See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used - See instructions	(h) After carryback col. (f) minus col. (g)	
3 2017				0				
2017								
2017								
2017								
2017								

*** Type of NOL:** General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).**Part IV 2017 NOL deduction**

- 1** Total the amounts in Part II, line 2, column (f) ☒ **1** **00**
- 2** Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21;
Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- ☐ **2** **00**
- 3** Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S,
line 17; or Form 109, line 7 ☒ **3** **0 . 00**

2017

Corporation Depreciation
and Amortization

3885

Attach to Form 100 or Form 100W.

FORM 109

FEIN 33-0781751

Corporation name

California corporation number

THINK TOGETHER

2059147

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 92 BUILDING - SHALIMAR	01/29/08	360,000.	113,000.	SL	39.00	12,000.	
93 LAND - SHALIMAR	01/29/08	512,000.		L		0.	
98 NEW ROOF - SHALIMAR	02/10/11	10,090.	2,133.	SL	39.00	326.	
TOTALS		882,090.	115,133.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	12,326.				

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	12,326.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	12,326.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)	20				
21	Total amortization claimed for federal purposes from federal Form 4562, line 44	21				
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22				

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

June 30, 2018

Prepared for	D. Randall Barth THINK Together 2101 E. Fourth Street, Bldg. B, 2nd Fl Santa Ana, CA 92705-3916
Prepared by	Stephens, Reidinger & Beller LLP 1301 Dove Street, Suite 890 Newport Beach, CA 92660
Amount due or refund	Balance due of \$300.00
Make check payable to	Attorney General Registry of Charitable Trusts
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

**ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 109084

THINK TOGETHER

Name of Organization

2101 E. FOURTH STREET, BLDG. B, 2ND FL

Address (Number and Street)

SANTA ANA, CA 92705-3916

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 2059147

Federal Employer I.D. No. 33-0781751

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Receipts	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2017 ending 06/30/2018) list:

Gross annual revenue \$ 50,596,203. Total assets \$ 13,261,961.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenue?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (714) 543-3807

Organization's e-mail address MFROBENIUS@THINKTOGETHER.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.



D. RANDALL BARTH

Signature of authorized officer

Printed Name

CEO

Title

4/18/19

Date

CA RRF-1

Information Regarding Government Funding
Part B, Line 6

Statement 17

Adelanto Elementary School District
PO Box 70, Adelanto, CA 92301-0070
Alicia Dencker 760-246-8691 x10239

Alpha Blanca Alvarado Middle School
1601 Cunningham Ave., San Jose, CA 95122
Pawan Kaur 732-725-7403

Alpha Jose Hernandez Middle School
1601 Cunningham Ave., San Jose, CA 95122
Jonathan Glocknitzer 408-780-1551 x303

Alum Rock Union Elementary School District
2930 Gay Avenue, San Jose, CA 95127-2322
Elisapeta Ugapo 408-928-6852

Azusa Unified School District
546 S. Citrus Ave. Azusa, CA 91702
Claudia Tonsay 626-858-4231

Baldwin Park Unified School District
3699 N. Holly Ave. Baldwin Park, CA 91706
Gloyd Basilio 626-962-3311

Bassett Unified School District
904 N. Willow Ave. La Puente, CA 91746
Annie Rodas 626-931-3015

Bellflower Unified School District
16703 Clark Ave., Bellflower, CA 90706
Diana Vargas 562-866-9011 x2302

Bret Harte Middle School
7050 Bret Harte Drive, San Jose, CA 95120
Carrie Genise 408-535-6270

Buena Park School District
6885 Orangethorpe Avenue, Buena Park, CA 90620
Kaivan Yuen 714-736-4254

Children and Families Commission
17320 Redhill Ave., Suite 200, Irvine, CA 92614
Janiece Teegarden 714-834-5310