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Form **990**

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
IN-N-OUT BURGERS FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) 4199 CAMPUS DR 9TH FL

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
IRVINE, CA 92612

D Employer identification number
33-0654550

E Telephone number
(949) 509-6200

G Gross receipts $ 9,442,952

F Name and address of principal officer
MICHAEL MRAVLE
4199 CAMPUS DR 9TH FL
IRVINE, CA 92612

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW IN-N-OUT COM/FOUNDATION

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1995

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SPONSORSHIP OF PROGRAMS TO BENEFIT CHILDREN AND PREVENT CHILD ABUSE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-46,587
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-46,587

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,788,406	2,818,895
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,450,561	1,319,927
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-117,190	-144,975
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,121,777	3,993,847
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,532,500	2,771,800
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶203,731		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	332,567	358,321
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,865,067	3,130,121
19	Revenue less expenses Subtract line 18 from line 12	1,256,710	863,726

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	32,540,212	29,823,523
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances Subtract line 21 from line 20	32,540,212	29,823,523

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

****** 2019-11-14
Signature of officer Date

MICHAEL MRAVLE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00966494

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 555 MISSION STREET SAN FRANCISCO, CA 94105 — Phone no (415) 783-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE FOUNDATION ASSISTS CHILDREN WHO HAVE BEEN VICTIMS OF CHILD ABUSE AND PREVENTS OTHERS FROM SUFFERING A SIMILAR FATE
THE FOUNDATION SUPPORTS ORGANIZATIONS THAT PROVIDE PREVENTION SERVICES, SHELTER, FOSTER CARE, AND EARLY INTERVENTION FOR CHILDREN IN NEED

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 $ 2,771,800 including grants of $ 2,771,800) (Revenue $)

See Additional Data

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** ▶ 2,771,800

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D, Part VI*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
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? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
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? *If "Yes," complete Schedule L, Part III*	27		No
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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
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			

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**	0		
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**	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
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**	
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**	No
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
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**	No
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**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
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**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
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**	
9a	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**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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**	4		
	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**	4		
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**		Yes	
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**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	**5**			No
6	Did the organization have members or stockholders?	**6**			No
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**			No
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
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**			No

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**		No
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**	Yes	
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**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
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**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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**		No
b	Other officers or key employees of the organization	**15b**		No
	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**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ CA , OR

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 ▶ARNOLD WENSINGER 4199 CAMPUS DRIVE IRVINE, CA 92612 (949) 509-6200

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 dotted 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) LYNSI L SNYDER-ELLINGSON PRESIDENT	1 00	X		X				0	0	0
(2) ROGER KOTCH TO 12312018 DIRECTOR	1 00	X						0	0	0
(3) LYNDA SNYDER DIRECTOR	1 00	X						0	0	0
(4) JONATHON COHEN TO 12312018 TREASURER/CFO	1 00	X		X				0	0	0
(5) ARNOLD WENSINGER VP/SECRETARY	1 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIDELITY BROKERAGE SERVICES LLC PO BOX 28019 ALBUQUERQUE, NM 871258019	INVESTMENT MANAGEMENT	154,590

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

Check 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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,031,796			
	d Related organizations	1d	1,252,079			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	535,020			
	g Noncash contributions included in lines 1a - 1f $ 14,771					
	h **Total.** Add lines 1a-1f		2,818,895			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		934,461		-46,587	981,048
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	5,036,223				
	b Less cost or other basis and sales expenses	4,650,757				
	c Gain or (loss)	385,466				
	d Net gain or (loss)		385,466			385,466
	8a Gross income from fundraising events (not including $ 1,031,796 of contributions reported on line 1c) See Part IV, line 18	a 571,163				
	b Less direct expenses	b 783,577				
	c Net income or (loss) from fundraising events		-212,414			-212,414
	9a Gross income from gaming activities See Part IV, line 19	a 82,210				
	b Less direct expenses	b 14,771				
	c Net income or (loss) from gaming activities		67,439			67,439
	10a 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				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d					
	12 Total revenue. See Instructions		3,993,847	0	-46,587	1,221,539

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,771,800	2,771,800		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	154,590		154,590	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .				
23 Insurance . . .				
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 OTHER FUNDRAISING	203,731			203,731
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,130,121	2,771,800	154,590	203,731
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	1,513,017	2	1,146,068
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0	4	2,422
	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 instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	28,023,013	11	25,277,757
	12	Investments—other securities See Part IV, line 11	3,004,182	12	3,397,276
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	32,540,212	16	29,823,523
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	32,540,212	27	29,823,523
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	32,540,212	33	29,823,523
	34	Total liabilities and net assets/fund balances	32,540,212	34	29,823,523

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,993,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,130,121
3	Revenue less expenses Subtract line 2 from line 1	3	863,726
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,540,212
5	Net unrealized gains (losses) on investments	5	-3,580,415
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	29,823,523

Part XII Financial Statements and Reporting

Check 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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

Additional Data

Software ID:

Software Version:

EIN: 33-0654550

Name: IN-N-OUT BURGERS FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

THE FOUNDATION CONTRIBUTED $2,771,800 TO 343 CHARITIES WITHIN ARIZONA, CALIFORNIA, NEVADA, OREGON, TEXAS, AND UTAH ASSISTING THOUSANDS OF CHILDREN WHO HAVE BEEN VICTIMS OF CHILD ABUSE THE FUNDS WERE USED FOR RESIDENTIAL TREATMENT, EMERGENCY SHELTERS, FOSTER CARE AND PLACEMENT, EDUCATIONAL, INTERVENTION AND TREATMENT PROGRAMS INNOVATIVE PROGRAMS AND COMPREHENSIVE SERVICES TO PROMOTE SELF-RESPECT, MORALS, VALUES, STRUCTURE AND STRENGTH IN THE FAMILY WERE ALSO PROVIDED BY THE CHARITIES

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SCHEDULE A (Form 990 or 990EZ)

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 the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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 **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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,253,882	1,587,832	2,321,098	2,788,406	2,818,895	10,770,113
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	1,253,882	1,587,832	2,321,098	2,788,406	2,818,895	10,770,113
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)						3,497,851
6 **Public support.** Subtract line 5 from line 4						7,272,262

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	1,253,882	1,587,832	2,321,098	2,788,406	2,818,895	10,770,113
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	745,393	720,833	592,251	687,465	934,461	3,680,403
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)	426,776	636,876	597,707	642,807	653,373	2,957,539
11 **Total support.** Add lines 7 through 10						17,408,055

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	41 780 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	43 710 %

16a **33 1/3% support test—2018.** 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 ▶ ☑

b **33 1/3% support test—2017.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 ▶ ☐

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 ▶ ☐

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 on line 12 of 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
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)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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)

			Yes	No
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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 33-0654550

Name: IN-N-OUT BURGERS FOUNDATION

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)

Facts And Circumstances Test

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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 the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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 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 ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				0

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) SOUTHWEST VALUE PARTNERS XVII	679,953	F
(B) MONTAUK TRIGUARD FUND VII LP	337,660	F
(C) SOUTHWEST VALUE PARTNERS XVIII	436,673	F
(D) SOUTHWEST VALUE PARTNERS XIX	449,997	F
(E) MIG INVESTMENTS	1,492,993	F
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,397,276	

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. *(Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

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

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	1,372,920
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-3,580,415		
b	Donated services and use of facilities	2b	330,501		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	783,577		
e	Add lines **2a** through **2d**			2e	-2,466,337
3	Subtract line **2e** from line **1**			3	3,839,257
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	154,590		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	154,590
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	3,993,847

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	4,089,609
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	330,501		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	783,577		
e	Add lines **2a** through **2d**			2e	1,114,078
3	Subtract line **2e** from line **1**			3	2,975,531
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	154,590		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	154,590
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,130,121

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 33-0654550
Name: IN-N-OUT BURGERS FOUNDATION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RECLASSIFICATION OF EVENT EXPENSES 783,577

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RECLASSIFICATION OF EVENT EXPENSES 783,577

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SCHEDULE G (Form 990 or 990-EZ)

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, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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

2a 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 ten 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? Yes	No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,602,959			1,602,959
	2 Less Contributions	1,031,796			1,031,796
	3 Gross income (line 1 minus line 2)	571,163			571,163
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	783,577			783,577
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				783,577
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-212,414

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			82,210	82,210
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			14,771	14,771
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				14,771
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				67,439

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

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**	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ JODIE MEDLOCK

Address ▶ 4199 CAMPUS DRIVE 9TH FLOOR
IRVINE, CA 92612

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 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.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318086389

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 177

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE FOUNDATION REQUIRES THE RECIPIENTS TO FILL OUT A 6 MONTH REPORT QUESTIONNAIRE REGARDING HOW THEY USE THEIR FUNDS A REPRESENTATIVE REVIEWS THE REPORTS AND RANDOMLY VISITS SOME OF THE RECIPIENTS

Additional Data

Software ID:
Software Version:
EIN: 33-0654550
Name: IN-N-OUT BURGERS FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
1736 FAMILY CRISIS CENTER 2116 ARLINGTON AVENUE SUITE 200 LOS ANGELES, CA 90018	95-3989251	501(C)(3)	7,500				PROGRAM FOR ABUSED AND EXPLOITED CHILDREN
A NEW LEAF FOUNDATION 868 EAST UNIVERSITY DRIVE MESA, AZ 85203	86-0256667	501(C)(3)	7,500				DOMESTIC VIOLENCE SUPPORT SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ACH CHILD AND FAMILY SERVICES 3712 WICHITA STREET FORT WORTH, TX 76119	75-0818140	501(C)(3)	10,000				LIFE (LEARNING INDEPENDENCE FROM EXPERIENCE) PROJECT
ADOPTION EXCHANGE 975 EAST WOODOAK LANE SUITE 220 MURRAY, UT 84117	84-0793576	501(C)(3)	12,500				THE ADOPTION EXCHANGE - INTEGRATED PERMANENCY MODEL IN UTAH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADOPTION EXCHANGE - CLARK COUNTY 51 N PECOS ROAD SUITE 110 LAS VEGAS, NV 89101	84-0793576	501(C)(3)	17,500				THE ADOPTION EXCHANGE - INTEGRATED PERMANENCY MODEL NEVADA
ADVOKIDS - SOLANO 5643 PARADISE DRIVE STREET 12B CORTE MADERA, CA 94925	94-3157218	501(C)(3)	10,000				CREATING TRAUMA INFORMED LEGAL ADVOCACY SERVICES FOR SOLANO FOSTER CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADVOKIDS - YOLO COUNTY 5643 PARADISE DRIVE STREET 12B CORTE MADERA, CA 94925	94-3157218	501(C)(3)	10,000				TRAUMA PREVENTION FOR YOLO COUNTY FOSTER CHILDREN
ALLIANCE AGAINST FAMILY VIOLENCE AND SEXUAL ASSAULT 1921 19TH STREET BAKERSFIELD, CA 93303	95-3604240	501(C)(3)	10,000				DELANO SHELTER-CHILDREN'S PLAY-SET

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALLIANCE FOR CHILDREN 908 SOUTHLAND AVENUE FORT WORTH, TX 76104	75-2363035	501(C)(3)	17,500				THERAPEUTIC INTERVENTION FOR CHILD ABUSE VICTIMS
ALLIANCE FOR CHILDREN'S RIGHTS 3333 WILSHIRE BOULEVARD SUITE 550 LOS ANGELES, CA 90010	95-4358213	501(C)(3)	20,000				FAMILIES FOREVER ADOPTION AND GUARDIANSHIP PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALLIANCE FOR HOPE INTERNATIONAL - FKA NATIONAL FAMILY JUSTICE CENTER ALLIAN 101 W BROADWAY SUITE 1770 SAN DIEGO, CA 92101	11-3692035	501(C)(3)	10,000				CAMP HOPE AMERICA - CALIFORNIA
ARIZONANS FOR CHILDREN INC 2435 EAST LA JOLLA DRIVE TEMPE, AZ 85282	02-0651198	501(C)(3)	20,000				CHILDREN'S VISITATION CENTERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ARIZONA'S CHILDREN ASSOCIATION - MARICOPA COUNTY 3636 N CENTRAL AVENUE SUITE 200 PHOENIX, AZ 85012	86-0096772	501(C)(3)	7,500				ARIZONA KINSHIP SUPPORT SERVICES-MARICOPA COUNTY
AUSTIN'S HOUSE - CARSON VALLEY CHILDREN'S CENTER PO BOX 784 MINDEN, NV 89423	03-0533503	501(C)(3)	8,000				AUSTIN'S HOUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAY AREA CRISIS NURSERY 1506 MENDOCINO DRIVE CONCORD, CA 94521	94-2681676	501(C)(3)	10,000				BAY AREA CRISIS NURSERY
BOYS TOWN NEVADA 821 NORTH MOJAVE ROAD LAS VEGAS, NV 89101	20-0654472	501(C)(3)	20,000				IN-HOME FAMILY SERVICES STRENGTHENING FAMILIES TO PREVENT ABUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CALM - CHILD ABUSE LISTENING AND MEDITATION 1236 CHAPALA STREET SANTA BARBARA, CA 93190	23-7097910	501(C)(3)	7,500				CHILD ABUSE/FAMILY VIOLENCE TREATMENT PROGRAM
CAL POLY POMONA PHILANTHROPIC FOUNDATION - RENAISSANCE SCHOLARS 3801 WEST TEMPLE AVENUE POMONA, CA 91768	95-2417645	501(C)(3)	15,000				CAL POLY POMONA RENAISSANCE SCHOLARS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAL STATE FULLERTON PHILANTHROPIC FOUNDATION 2600 NUTWOOD AVENUE SUITE 850 FULLERTON, CA 92831	33-0567945	501(C)(3)	12,000				GUARDIAN SCHOLARS PROGRAM
CALICO CENTER 524 ESTUDILLO AVENUE SAN LEANDRO, CA 94577	94-3256781	501(C)(3)	17,500				MULTI-DISCIPLINARY CHILD ABUSE INTERVENTION IN ALAMEDA COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CALIFORNIA STATE UNIVERSITY SAN MARCOS ACE SCHOLARS PROGRAM 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	15,000				ACE SCHOLARS SERVICES
CAMP ALANDALE - ORANGESAN DIEGO PO BOX 35 IDYLLWILD, CA 92549	95-3465382	501(C)(3)	7,500				CAMPER SPONSORSHIP - ORANGE COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAMP ALANDALE - RIVERSIDE COUNTY PO BOX 35 IDYLLWILD, CA 92549	95-3465382	501(C)(3)	10,000				CAMPER SPONSORSHIP - RIVERSIDE COUNTY
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS, CA 92069	95-3315571	501(C)(3)	12,500				CASA DE AMPARO

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA DE LOS NINOS 1120 NORTH 5TH AVENUE TUCSON, AZ 85705	86-0314595	501(C)(3)	10,000				BEHAVIORAL HEALTH SERVICES
CASA FOUNDATION 4045 SOUTH BUFFALO DR STE A101-160 LAS VEGAS, NV 89147	94-2920606	501(C)(3)	10,000				CASA FOUNDATION EXECUTIVE DIRECTOR FUNDING REQUEST

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF ALAMEDA COUNTY 1000 SAN LEANDRO BOULEVARD STE 300 SAN LEANDRO, CA 94577	94-3309728	501(C)(3)	7,500				CASA CORE PROGRAMMING
CASA OF COLLIN COUNTY 101 EAST DAVIS STREET MCKINNEY, TX 75069	75-2391961	501(C)(3)	10,000				CHILD ADVOCACY PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF DALLAS COUNTY 2757 SWISS AVENUE DALLAS, TX 78204	75-1866204	501(C)(3)	10,000				VOLUNTEER RECRUITMENT, TRAINING, & SUPERVISION PROGRAM
CASA OF FRESNO & MADERA COUNTIES 2300 TULARE STREET 210 FRESNO, CA 93721	77-0401361	501(C)(3)	14,000				OPERATING SUPPORT FOR CASA OF FRESNO AND MADERA COUNTIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF IMPERIAL COUNTY 229 SOUTH 8TH STREET SUITE B EL CENTRO, CA 92243	33-0632963	501(C)(3)	6,000				CASA OF IMPERIAL COUNTY
CASA OF KERN COUNTY 1717 COLUMBUS STREET BAKERSFIELD, CA 93305	77-0344298	501(C)(3)	7,500				COURT APPOINTED SPECIAL ADVOCATES OF KERN COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF KINGS COUNTY 101 NORTH IRWIN SUITE 204 HANFORD, CA 93230	46-2896299	501(C)(3)	10,000				COURT APPOINTED SPECIAL ADVOCATES FOR CHILDREN
CASA OF MERCED COUNTY 2824 PARK AVENUE SUITE A MERCED, CA 95348	27-2084694	501(C)(3)	10,000				COURT APPOINTED ADVOCATES OF MERCED COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF ORANGE COUNTY 1505 EAST 17TH STREET SUITE 214 SANTA ANA, CA 92705	33-0069334	501(C)(3)	10,000				MENTOR-ADVOCATE PROGRAM
CASA OF PLACER COUNTY - CHILD ADVOCATES OF PLACER 3715 ATHERTON ROAD SUITE 1 ROCKLIN, CA 95765	77-0620948	501(C)(3)	15,000				PLACER CASA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF SACRAMENTO COUNTY PO BOX 278383 SACRAMENTO, CA 95827	68-0257139	501(C)(3)	7,500				COURT APPOINTED SPECIAL ADVOCATES OF SACRAMENTO COUNTY
CASA OF SAN BERNARDINO COUNTY - CHILD ADVOCATES OF SAN BERNARDINO COUNTY 851 S MT VERNON AVENUE SUITE 7A COLTON, CA 92324	33-0362613	501(C)(3)	20,000				COURT APPOINTED SPECIAL ADVOCATES (C A S A) PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF SAN LUIS OBISPO COUNTY 75 HIGUERA STREET 180 SAN LUIS OBISPO, CA 93401	77-0316227	501(C)(3)	6,000				CHILD ADVOCACY
CASA OF SAN MATEO COUNTY 330 TWIN DOLPHIN DRIVE SUITE 139 REDWOOD CITY, CA 94064	04-3849393	501(C)(3)	12,500				CASA OF SAN MATEO COUNTY - COURT APPOINTED SPECIAL ADVOCATES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF STANISLAUS COUNTY 800 11TH STREET 4TH FLOOR MODESTO, CA 95354	91-2168629	501(C)(3)	10,000				CASA OF STANISLAUS COUNTY SUPPORT GRANT
CASA OF TARRANT COUNTY 101 SUMMIT AVENUE SUITE 505 FORT WORTH, TX 76102	75-1895412	501(C)(3)	15,000				CASA OF TARRANT COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA OF TRAVIS COUNTY 7600 CHEVY CHASE DRIVE SUITE 200 AUSTIN, TX 78752	74-2369123	501(C)(3)	10,000				CHILD ADVOCACY IN THE FOSTER CARE SYSTEM
CASA PACIFICA 1722 S LEWIS ROAD CAMARILLO, CA 93012	77-0195022	501(C)(3)	20,000				ASSESSMENT, STABILIZATION & PERMANENCY CENTER & RESIDENTIAL TRTMNT CNTR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR CHILD PROTECTION - FRIENDS OF CHRISTOPHER GUILD 8509 FM 969 BUILDING 2 AUSTIN, TX 78724	74-2562585	501(C)(3)	7,500				EDUCATION SERVICES
CHILD ABUSE PREVENTION COUNCIL (CASA) OF SAN JOAQUIN COUNTY PO BOX 1257 STOCKTON, CA 95201	94-2497046	501(C)(3)	17,500				COURT APPOINTED SPECIAL ADVOCATES (CASA)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILD ABUSE PREVENTION COUNCIL OF CONTRA COSTA COUNTY 2120 DIAMOND BOULEVARD 120 CONCORD, CA 94520	68-0046163	501(C)(3)	7,500				NURTURING PARENTING PROGRAM (NPP)
CHILD ABUSE PREVENTION COUNCIL OF SACRAMENTO 4700 ROSEVILLE ROAD SUITE 102 NORTH HIGHLANDS, CA 95660	94-2833431	501(C)(3)	7,500				FOSTER YOUTH INVESTMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILD ADVOCATES OF THE SILICON VALLEY 509 VALLEY WAY BUILDING 2 MILPITAS, CA 95035	77-0250773	501(C)(3)	12,500				ADVOCACY PROGRAM FOR FOSTER YOUTH
CHILD CRISIS ARIZONA 817 N COUNTRY CLUB DRIVE MESA, AZ 85201	86-0324144	501(C)(3)	10,000				EMERGENCY CHILDRENS SHELTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDHELP USA - RIVERSIDE 4350 E CAMELBACK ROAD BLDG F250 PHOENIX, AZ 85018	95-2884608	501(C)(3)	12,500				CHILDHELP CHILD ABUSE HOTLINE
CHILDREN'S ADVOCACY CENTER FOR CHILD ABUSE ASSESSMENT & TRTMNT 1650 E OLD BADILLO STREET C3 COVINA, CA 91724	86-1051258	501(C)(3)	15,000				THE CHILDRENS ADVOCACY CENTER FOR CHILD ABUSE ASSESSMENT AND TREATMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY 2205 LOS RIOS BOULEVARD PLANO, TX 75074	75-2389095	501(C)(3)	10,000				CHILDREN'S ADVOCACY CENTER OF COLLIN COUNTY
CHILDREN'S CABINET 1090 SOUTH ROCK BOULEVARD RENO, NV 89502	77-0097156	501(C)(3)	7,500				CENTER FOR ASPIRING YOUTH (CAY)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S FUND INC 348 W HOSPITALITY LANE SUITE 110 SAN BERNARDINO, CA 92408	33-0193286	501(C)(3)	15,000				COMPUTER CAMP FOR FOSTER YOUTH
CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BOULEVARD 29 LOS ANGELES, CA 90027	95-1690977	501(C)(3)	15,000				AUDREY HEPBURN CHILD ADVOCACY, RESPONSE AND EDUCATION (CARES) CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S INSTITUTE INC 2121 W TEMPLE STREET LOS ANGELES, CA 90026	95-1641424	501(C)(3)	7,500				SUPPORT SERVICES FOR FAMILIES AT RISK OF ENTERING FOSTER CARE SYSTEM
CHILDREN'S LAW CENTER OF CALIFORNIA - LA COUNTY 101 CENTRE PLAZA DRIVE MONTEREY PARK, CA 91754	95-4252143	501(C)(3)	7,500				EDUCATIONAL ASSESSMENTS FOR FOSTER YOUTH

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CHILDREN'S MEDICAL CENTER DALLAS 2777 STEMMONS FREEWAY SUITE 700 DALLAS, TX 75207	75-2062015	501(C)(3)	20,000				SEXUAL ASSAULT NURSE EXAMINER (SANE) EXAMINATION ROOM
CHILDREN'S RECEIVING HOME OF SACRAMENTO 3555 AUBURN BOULEVARD SACRAMENTO, CA 95821	94-1322166	501(C)(3)	10,000				CAMPUS CAPITAL PROJECTS

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CHILDSAFE - BEXAR COUNTY 7130 WEST US HIGHWAY 90 SAN ANTONIO, TX 78227	74-2633697	501(C)(3)	10,000				CHILDSAFE'S CORE SERVICES FOR ABUSED CHILDREN
CHRISTIAN FAMILY CARE AGENCY 3603 NORTH 7TH AVENUE PHOENIX, AZ 85013	86-0430037	501(C)(3)	15,000				SPECIALIZED YOUTH PERMANENCY PROGRAM

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COALITION FOR ENGAGED EDUCATION - FKA NEW VISIONS FOUNDATION 3131 OLYMPIC BOULEVARD SANTA MONICA, CA 90404	95-4515019	501(C)(3)	8,000				COALITION FOR ENGAGED EDUCATION PROGRAMS FOR JUSTICE-INVOLVED AND FOSTER YOUTH
COMMUNITY HUMAN SERVICES PO BOX 3076 MONTEREY, CA 93942	94-6367167	501(C)(3)	6,000				SAFE PLACE AND SAFE PASSAGE

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COMMUNITY OVERCOMING RELATIONSHIP ABUSE (CORA) 2211 PALM AVENUE SAN MATEO, CA 94403	94-2481188	501(C)(3)	6,000				SAFE HOUSES FOR FAMILIES FLEEING INTIMATE PARTNER ABUSE
COMMUNITY PARTNERS OF DALLAS - CHILD PROTECTIVE SERVICES 1215 SKILES STREET DALLAS, TX 75204	75-2468034	501(C)(3)	7,500				PROGRAMS AND PROJECTS THAT BENEFIT ABUSED AND AT-RISK CHILDREN IN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COVENANT HOUSE CALIFORNIA 200 HARRISON STREET LOMITA, CA 94607	13-3391210	501(C)(3)	10,000				RESIDENCES AND SUPPORTIVE SERVICES FOR HOMELESS/TRAFFICKED YOUTH AGES 18-24
CSUSB PHILANTHROPIC FOUNDATION 5500 UNIVERSITY PARKWAY AD-104 SAN BERNARDINO, CA 92407	45-2255077	501(C)(3)	20,000				CSUSB EOP RENAISSANCE SCHOLARS PROGRAM (CSUSB EOP RSP)

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DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELL BOULEVARD DALLAS, TX 75228	75-2303404	501(C)(3)	10,000				DCAC CORE PROGRAMS
DAVID & MARGARET HOME INC 1350 THIRD STREET LA VERNE, CA 91750	95-1660346	501(C)(3)	10,000				CAPITAL RENOVATIONS FOR YOUTH HOUSING AND YOUTH ACTIVITY AREAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAVID & MARGARET HOME INC 1350 THIRD STREET LA VERNE, CA 91750	95-1660346	501(C)(3)	10,000				YOUTH WORKFORCE TRAINING PROGRAM FOR TRANSITIONAL AGE FOSTER YOUTH
DOOR OF HOPE - CIRCLE OF HOPE AUXILARY PO BOX 90455 PASADENA, CA 91109	95-4044568	501(C)(3)	7,500				TRANSITIONAL HOUSING AND SERVICES FOR HOMELESS FAMILIES WITH CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DREAM CENTER 2301 BELLEVUE AVENUE LOS ANGELES, CA 90026	95-1803686	501(C)(3)	7,500				FOSTER CARE INTERVENTION AND TRANSITIONAL HOUSING FOR HOMELESS FAMILIES
ELIZABETH HOUSE PO BOX 94077 PASADENA, CA 91109	95-4451243	501(C)(3)	12,500				MATERNAL MENTAL HEALTH/TRAUMA INFORMED CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EMERGEBREWSTER CENTER DOMESTIC VIOLENCE SERVICE INC 2545 EAST ADAMS STREET TUCSON, AZ 85716	86-0312162	501(C)(3)	7,500				FAMILY SERVICES FOR CHILDREN IN HOMES WITH DOMESTIC VIOLENCE
FAMILY AND CHILD TREATMENT (FACT) 8080 W SAHARA AVENUE SUITE D LAS VEGAS, NV 89117	88-0214362	501(C)(3)	10,000				FACT CHILD SEXUAL ABUSE THERAPY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY COMPASS (FKA CHILD ABUSE PREVENTION CENTER) 4210 JUNIUS STREET DALLAS, TX 75246	75-2400158	501(C)(3)	7,500				PARENT AIDE PROGRAM - FAMILY COMPASS
FAMILY PLACE PO BOX 7999 DALLAS, TX 75209	75-1590896	501(C)(3)	7,500				EMERGENCY SHELTER SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY SERVICES OF TULARE COUNTY 815 WEST OAK VISALIA, CA 93291	94-2897970	501(C)(3)	12,000				FAMILY SERVICES PARENTING EDUCATION PROGRAM
FAMILY SUPPORT CENTER - CRISIS NURSERY 1760 WEST 4805 SOUTH TAYLORSVILLE, UT 84118	87-0359719	501(C)(3)	7,500				CRISIS NURSERY-FAMILY SUPPORT CENTER

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FIRST PLACE FOR YOUTH 3530 WILSHIRE BOULEVARD SUITE 600 LOS ANGELES, CA 90010	94-3341034	501(C)(3)	7,500				STEPS TO SUCCESS LOS ANGELES COUNTY
FIRST STAR 2049 CENTURY PARK EAST SUITE 4320 LOS ANGELES, CA 90067	31-1719436	501(C)(3)	12,500				THE FIRST STAR UCLA BRUIN GUARDIAN SCHOLARS ACADEMY

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FIVE ACRES 760 W MOUNTAIN VIEW STREET ALTADENA, CA 91001	95-1647810	501(C)(3)	15,000				GENERAL OPERATING SUPPORT FOR RESIDENTIAL AND PERMANENCY PROGRAMS
FOOTHILL FAMILY SERVICE 2500 EAST FOOTHILL BLVD SUITE 300 PASADENA, CA 91107	95-1690990	501(C)(3)	7,500				CHILD ABUSE PREVENTION, INTERVENTION, AND TREATMENT PROGRAM

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FOR THE CHILD 4565 CALIFORNIA AVENUE LONG BEACH, CA 90807	95-3601230	501(C)(3)	7,500				CHILD ABUSE & NEGLECT SAFETY NET PROGRAM
FOREST HOME CHRISTIAN CONFERENCE CENTER - FOREST HOME INC 40000 VALLEY OF THE FALLS DRIVE FOREST FALLS, CA 92339	95-1855659	501(C)(3)	10,000				YOUTH SCHOLARSHIPS 2019

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FORGET ME NOT CHILDREN'S SERVICES PO BOX 1296 SANTA ROSA, CA 95402	26-3464770	501(C)(3)	7,000				FORGET ME NOT CHILDRENS SERVICES
FOSTER KINSHIP 4344 W CHEYENNE AVENUE LAS VEGAS, NV 89035	45-4242425	501(C)(3)	7,000				FOSTER KINSHIP KINSHIP NAVIGATOR PROGRAM APPLICATION

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FREEHAB - TEEN PROJECT 8140 SUNLAND BOULEVARD SUN VALLEY, CA 91352	30-0421837	501(C)(3)	10,000				FREEHAB
GABRIEL'S ANGELS INC - MARICOPA COUNTY 727 E BETHANY HOME ROAD SUITE C-100 C-100 PHOENIX, AZ 85014	86-0991198	501(C)(3)	10,500				PET THERAPY PROGRAM - MARICOPA COUNTY

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GAP MINISTRIES 2861 N FLOWING WELLS RD STE 121 TUCSON, AZ 85705	86-0999503	501(C)(3)	10,000				PROJECT HOPE
GENESIS WOMEN'S SHELTER & SUPPORT 4411 LEMMON AVENUE SUITE 201 DALLAS, TX 75219	75-1881365	501(C)(3)	7,500				GENESIS WOMENS SHELTER & SUPPORT EMERGENCY SHELTER CHILDRENS PROGRAM

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HAYNES FAMILY OF PROGRAMS - FKA LEROY HAYNES CENTER 233 WEST BASELINE ROAD PO BOX 400 LA VERNE, CA 91750	95-1506150	501(C)(3)	7,500				RESIDENTIAL/THERAPEUTIC SERVICES FOR BOYS AND MALE TEENS IN FOSTER CARE
HELPING HAND HOME FOR CHILDREN 3804 AVENUE B AUSTIN, TX 78751	74-1144638	501(C)(3)	10,000				TRAUMA-INFORMED FOSTER AND RESIDENTIAL CARE

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HOUSE OF RUTH PO BOX 459 CLAREMONT, CA 91711	95-3276033	501(C)(3)	12,500				HOUSE OF RUTH CHILDREN'S PROGRAMS
HUCKLEBERRY YOUTH PROGRAMS - MARIN COUNTY 3310 GEARY BOULEVARD SAN FRANCISCO, CA 94118	94-1687559	501(C)(3)	7,000				HUCKLEBERRYS CHILD ABUSE PREVENTION AND SUPPORT SERVICES

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HUMAN OPTIONS PO BOX 53745 IRVINE, CA 92619	95-3667817	501(C)(3)	10,000				THERAPEUTIC CHILDREN'S PROGRAM AT DOMESTIC VIOLENCE EMERGENCY SHELTER
ILLUMINATION FOUNDATION OF ORANGE COUNTY 2691 RICHTER AVENUE SUITE 103 IRVINE, CA 92606	71-1047686	501(C)(3)	10,000				CHILDREN'S RESOURCE CENTER

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INSPIRE LIFE SKILLS TRAINING INC 2279 EAGLE GLEN PARKWAY 112-131 CORONA, CA 92883	20-1647743	501(C)(3)	10,000				INSPIRING HOPE
INTERFACE CHILDREN & FAMILY SERVICES 4001 MISSION OAKS BOULEVARD SUITE I I CAMARILLO, CA 93012	95-2944459	501(C)(3)	15,000				MY BODY BELONGS TO ME

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INTERFAITH SHELTER NETWORK 3530 CAMINO DEL RIO NORTH STE 301 SAN DIEGO, CA 92108	95-2630300	501(C)(3)	7,500				EL NIDO DV TRANSITIONAL HOUSING PROGRAM
INTERVAL HOUSE PO BOX 3356 SEAL BEACH, CA 90740	95-3389113	501(C)(3)	20,000				INTERVAL HOUSE CHILDREN'S PROGRAM AND "SECOND GENERATION" YOUTH PROGRAM

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JUST IN TIME FOR FOSTER YOUTH PO BOX 601627 SAN DIEGO, CA 92106	20-5448416	501(C)(3)	12,500				BASIC NEEDS
KAMALI'I FOSTER FAMILY AGENCY - RIVERSIDE COUNTY 31772 CASINO DRIVE SUITE B LAKE ELSINORE, CA 92530	31-1591798	501(C)(3)	10,000				H O P E INDEPENDENT LIVING SKILLS PROGRAM

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KERN COUNTY NETWORK FOR CHILDREN 1300 17TH STREET BAKERSFIELD, CA 93301	33-0552738	501(C)(3)	9,000				KERN COUNTY NETWORK FOR CHILDREN DREAM CENTER SELF SUFFICIENCY PROJECT
KIDPOWER TEENPOWER FULLPOWER - SANTA CLARA COUNTY 51 E CAMPBELL AVENUE 129-1152 CAMPBELL, CA 95008	77-0226712	501(C)(3)	10,000				'VACCINE AGAINST CHILD ABUSE' INITIATIVE

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KOINONIA FOSTER HOMES PO BOX 1403 LOOMIS, CA 95350	94-2792265	501(C)(3)	10,000				EMDR FOR TRAUMATIZED TEENS
LAURA'S HOUSE 999 CORPORATE DRIVE SUITE 225 LADERA RANCH, CA 92694	33-0621826	501(C)(3)	10,000				CHILDRENS THERAPEUTIC PROGRAMS

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LAUREL HOUSE 1 HOPE DRIVE TUSTIN, CA 92782	33-0098433	501(C)(3)	10,000				SHELTER AND MEALS FOR AT-RISK, RUNAWAY, OR HOMELESS TEEN GIRLS
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL FOUNDATION 24887 TAYLOR STREET SUITE 202 LOMA LINDA, CA 92350	33-0565591	501(C)(3)	7,000				RESILIENCY INSTITUTE FOR CHILDHOOD ADVERSITY (RICA)

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LONE STAR CASA 108 KENWAY STREET ROCKWALL, TX 75087	75-2425980	501(C)(3)	7,500				LONE STAR CASA
MARYVALE 7600 EAST GRAVES AVENUE ROSEMEAD, CA 91770	95-3889412	501(C)(3)	20,000				GIRLS' PLAYGROUND RENOVATION

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MILLER CHILDREN'S HOSPITAL LONG BEACH 2801 ATLANTIC AVENUE LONG BEACH, CA 90801	95-6105984	501(C)(3)	10,000				SHAKEN BABY SYNDROME / SUSPECTED CHILD ABUSE AND NEGLECT (SCAN) PROGRAM
MY NEW RED SHOES 330 TWIN DOLPHIN DRIVE SUITE 135 REDWOOD CITY, CA 94065	20-4683289	501(C)(3)	10,000				MY NEW RED SHOES CLOTHING FOR CONFIDENCE PROGRAM

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MY STUFF BAGS FOUNDATION 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, CA 91361	95-4671812	501(C)(3)	15,000				CALIFORNIA MY STUFF BAGS PROJECT
MY STUFF BAGS FOUNDATION - CLARK COUNTY 5347 STERLING CENTER DRIVE WESTLAKE VILLAGE, NV 91361	95-4671812	501(C)(3)	10,000				CLARK COUNTY MY STUFF BAGS PROJECT

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NATIVIDAD MEDICAL FOUNDATION PO BOX 4427 SALINAS, CA 93912	77-0194989	501(C)(3)	10,000				CHILD ABUSE & NEGLECT PEER REVIEW & FORENSIC INTERVIEW ROOM REFURBISHMENT
NEIGHBORHOOD MINISTRIES 1918 W VAN BUREN STREET PHOENIX, AZ 85009	86-0809052	501(C)(3)	15,000				PARENTING POR VIDA (PARENTING FOR LIFE)

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NEVADA PARTNERSHIP FOR HOMELESS YOUTH 4981 SHIRLEY STREET LAS VEGAS, NV 89119	88-0476452	501(C)(3)	17,500				NPHY DROP-IN CENTER FOR HOMELESS YOUTH
NEW MORNING YOUTH & FAMILY SERVICES 6765 GREEN VALLEY ROAD PLACERVILLE, CA 95667	94-2159659	501(C)(3)	7,000				NEW MORNING EMERGENCY YOUTH SHELTER

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NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE 234 E GISH ROAD SUITE 200 SAN JOSE, CA 95112	94-2420708	501(C)(3)	12,500				NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - CORE MISSION SUPPORT
NORTH COUNTY LIFELINE INC 3142 VISTA WAY SUITE 400 OCEANSIDE, CA 92056	95-2794253	501(C)(3)	7,500				LIFESPRING TRANSITIONAL YOUTH HOUSING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BLVD PO BOX 9000 NORTHRIDGE, CA 91328	23-7444901	501(C)(3)	15,000				CENTER FOR ASSAULT TREATMENT SERVICES (CATS)
OCJ KIDS (OPPORTUNITY COMMUNITY AND JUSTICE FOR KIDS) 524 W WESTCOTT DRIVE PHOENIX, AZ 85027	86-1040833	501(C)(3)	12,500				OCJ KIDS OPERATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OLIVE CREST - CLARK COUNTY 2130 E FOURTH STREET SUITE 200 SANTA ANA, NV 92705	95-2877102	501(C)(3)	15,000				STRONG FAMILIES, SAFE KIDS IN CLARK COUNTY
OLIVE CREST - ORANGE COUNTY 2130 E FOURTH STREET SUITE 200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	15,000				SAFE FAMILIES FOR CHILDREN IN ORANGE COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OLIVE CREST - RIVERSIDE COUNTY 2130 E FOURTH STREET SUITE 200 SANTA ANA, CA 92705	95-2877102	501(C)(3)	15,000				SAFE FAMILIES FOR CHILDREN IN INLAND EMPIRE
ON THE MOVE (VOICES) - NAPA COUNTY 780 LINCOLN AVENUE NAPA, CA 94558	75-3149095	501(C)(3)	6,000				VOICES NAPA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ORANGE COUNTY RESCUE MISSION - VILLAGE OF HOPE ONE HOPE DRIVE TUSTIN, CA 92782	95-2479552	501(C)(3)	10,000				NUTRITIONAL MEALS FOR HOMELESS CHILDREN RESIDING AT THE VILLAGE OF HOPE
PACIFIC LIFELINE FOR PREVENTION OF HOMELESSNESS 65 WEST 25TH STREET UPLAND, CA 91784	94-6103171	501(C)(3)	20,000				CHILDREN'S PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PALOMAR MEDICAL CENTER - PALOMAR POMERADO HEALTH CENTER 121 NORTH FIG STREET ESCONDIDO, CA 92025	20-2356830	501(C)(3)	7,500				CHILD SEXUAL ABUSE PREVENTION TRAINING
PENNY LANE 15305 RAYEN STREET NORTH HILLS, CA 91343	95-2633765	501(C)(3)	8,000				SAND PLAY THERAPY ROOMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PHOENIX CHILDREN'S HOSPITAL 2929 EAST CAMELBACK ROAD SUITE 122 PHOENIX, AZ 85016	74-2421549	501(C)(3)	7,500				PHOENIX CHILDRENS HOSPITAL STRONG FAMILIES PROGRAM
PIVOTAL - SAN MATEO COUNTY 75 E SANTA CLARA STREET STE 1450 SAN JOSE, CA 95113	77-0166138	501(C)(3)	10,000				EMERGING SCHOLARS SAN MATEO COUNTY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PIVOTAL - SANTA CLARA COUNTY 75 E SANTA CLARA STREET STE 1450 SAN JOSE, CA 95113	77-0166138	501(C)(3)	20,000				EMERGING SCHOLARS SANTA CLARA COUNTY
PRECIOUS LIFE SHELTER 10881 REAGAN STREET LOS ALAMITOS, CA 90720	51-0187577	501(C)(3)	5,500				TRANSPORTATION & MATRESSES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PREVENT CHILD ABUSE UTAH 2121 S STATE STREET SUITE 202 SALT LAKE CITY, UT 84115	74-2434274	501(C)(3)	7,500				PREVENT CHILD ABUSE UTAH SCHOOL & COMMUNITY BASED PREVENTION PROGRAM
PROJECT SISTER FAMILY SERVICES PO BOX 1369 POMONA, CA 91769	23-7116161	501(C)(3)	10,000				YOUTH SERVICES PROGRAM TO PREVENT AND TREAT CHILD ABUSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PROMISES2KIDS 9440 RUFFIN COURT SUITE A SAN DIEGO, CA 92123	95-3655288	501(C)(3)	15,000				PROMISES2KIDS GENERAL OPERATING SUPPORT
PUBLIC COUNSEL LAW CENTER 610 SOUTH ARDMORE AVENUE LOS ANGELES, CA 90005	23-7105149	501(C)(3)	10,000				FAMILIES FOREVER PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RAINBOW DAYS 8150 NORTH CENTRAL EXPY STE M1003 DALLAS, TX 75206	75-1844908	501(C)(3)	7,500				FAMILY CONNECTION
RAINBOW SERVICES 453 WEST 7TH STREET SAN PEDRO, CA 90731	95-3855705	501(C)(3)	12,000				SHELTER SERVICES FOR LOW-INCOME VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN

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REBEKAH CHILDREN'S HOME (ODD FELLOW) 290 IOOF AVENUE GILROY, CA 95020	94-1167402	501(C)(3)	12,500				RESILIENT FAMILIES PROGRAM
RESCUE MISSION ALLIANCE - VICTOR VALLEY RESCUE MISSION - SAN BERNARDINO COU 315 NORTH A STREET OXNARD, CA 93030	23-7278002	501(C)(3)	7,500				VICTOR VALLEY RESCUE MISSION

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RIVER STONES RESIDENTIAL TREATMENT SERVICES PO BOX 7340 REDLANDS, CA 92375	33-0737878	501(C)(3)	20,000				RIVER STONES RESIDENTIAL TREATMENT SERVICES INC
RIVERSIDE AREA RAPE CRISIS CENTER 1845 CHICAGO AVENUE SUITE A RIVERSIDE, CA 92507	95-3245057	501(C)(3)	12,500				CHILD ABUSE ADVOCACY AND CHILD ABUSE PREVENTION PROGRAM

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RIVERSIDE UNIVERSITY HEALTH SYSTEM FOUNDATION PO BOX 9850 MORENO VALLEY, CA 92552	33-0374018	501(C)(3)	40,000				RCCAT AND CAN UNIT EXPANSION
ROSEVILLE HOME START INC 410 RIVERSIDE AVENUE ROSEVILLE, CA 95678	91-1657990	501(C)(3)	10,000				ROSEVILLE HOME START TRANSITIONAL HOUSING FOR FAMILIES WHO ARE HOMELESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SACRAMENTO CHILDREN'S HOME - CRISIS NURSERY 2750 SUTTERVILLE ROAD SACRAMENTO, CA 95820	94-1156588	501(C)(3)	12,500				CRISIS NURSERY PROGRAM
SAN DIEGO RESCUE MISSION 120 ELM STREET SAN DIEGO, CA 92101	95-1874073	501(C)(3)	7,500				PROGRAMS ADDRESSING THE NEEDS OF MOTHERS & CHILDREN IN CRISIS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SENECA ORANGE COUNTY - AKA KINSHIP CENTER 1801 PARK COURT PLACE H SANTA ANA, CA 92701	94-2971761	501(C)(3)	7,500				FAMILY FINDING FOR ORANGE COUNTY FOSTER YOUTH
SHASTA FAMILY YMCA 1155 N COURT STREET REDDING, CA 96001	94-1212141	501(C)(3)	6,000				CAMP HORIZON FOSTER YOUTH RESIDENTIAL SUMMER CAMP

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SIERRA ADOPTION SERVICES - SIERRA FOREVER FAMILIES 8928 VOLUNTEER LANE SUITE 100 SACRAMENTO, CA 95826	68-0002878	501(C)(3)	7,500				WONDER MENTORING PROGRAM
SIERRA VISTA CHILD & FAMILY SERVICES 100 POPLAR AVENUE MODESTO, CA 95354	94-2158023	501(C)(3)	6,000				WATERFORD FAMILY RESOURCE CENTER

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SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER 2329 EAST AJO WAY TUCSON, AZ 85713	86-0854248	501(C)(3)	15,000				SACAC OPERATING SUPPORT
SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF NEVADA - SAFY 4285 NORTH RANCHO DRIVE SUITE 130 LAS VEGAS, NV 89130	88-0326450	501(C)(3)	6,000				SAFY OF NVS SERVICES FOR OLDER FOSTER YOUTH

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SPIRIT REINS INC 2055 COUNTRY ROAD 284 LIBERTY HILL, TX 78642	06-1692909	501(C)(3)	10,000				SPIRIT REINS REINING IN TRAUMA
SPIRIT REINS INC 2055 COUNTRY ROAD 284 LIBERTY HILL, TX 78642	06-1692909	501(C)(3)	15,000				SPIRIT REINS SENSORY SPACES PROJECT

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STAND AGAINST DOMESTIC VIOLENCE - STAND FOR FAMILIES FREE OF VIOLENCE 1410 DANZIG PLAZA CONCORD, CA 94520	94-2476576	501(C)(3)	6,000				CHILDRENS SERVICES/RESIDENTIAL PROGRAMS FOR DOMESTIC VIOLENCE SURVIVORS
STARVISTA - YOUTH AND FAMILY ENRICHMENT SERVICES 610 ELM STREET SUITE 212 SAN CARLOS, CA 94070	94-3094966	501(C)(3)	6,000				DAYBREAK

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TEEN PROJECT 8140 SUNLAND BOULEVARD SUN VALLEY, CA 91352	30-0421837	501(C)(3)	8,000				ORANGE COUNTY COLLEGE HOUSE
THESSALONIKA FAMILY SERVICES - RANCHO DAMACITAS PO BOX 890326 TEMECULA, CA 92589	95-3551068	501(C)(3)	7,500				PROJECT INDEPENDENCE & EMPOWERMENT VILLAGE

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TOGETHER WE RISE 580 W LAMBERT ROAD SUITE A BREA, CA 92821	26-3043727	501(C)(3)	12,500				SWEET CASES + TEEN DUFFELS
UC DAVIS GUARDIAN SCHOLARS PROGRAM ONE SHIELDS AVENUE DAVIS, CA 95616	94-6081352	501(C)(3)	10,000				UC DAVIS GUARDIAN SCHOLARS

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UC RIVERSIDE GUARDIAN SCHOLARS PROGRAM 3637 CANYON CREST DRIVE K101 MAILBOX 547 RIVERSIDE, CA 92507	23-7433570	501(C)(3)	15,000				2018-19 UCR GUARDIAN SCHOLARS FOSTER YOUTH
UNION RESCUE MISSION 545 SOUTH SAN PEDRO STREET LOS ANGELES, CA 90013	95-1079293	501(C)(3)	12,500				WOMEN, CHILDREN & FAMILY PROGRAM

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UNION STATION HOMELESS SERVICES 825 E ORANGE GROVE BLVD PASADENA, CA 91104	95-3958741	501(C)(3)	12,500				FAMILY CENTER SHELTER SERVICES
UNITED FRIENDS OF THE CHILDREN 1055 WILSHIRE BOULEVARD SUITE 1955 LOS ANGELES, CA 90017	95-3665186	501(C)(3)	10,000				UNITED FRIENDS OF THE CHILDREN

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UNITED METHODIST OUTREACH MINISTRIES (UMOM NEW DAY CENTERS) 3333 EAST VAN BUREN STREET PHOENIX, AZ 85008	86-0521062	501(C)(3)	12,500				UMOM HOMELESS YOUTH SHELTER PROGRAM
UNIVERSITY OF SAN DIEGO 5998 ALCALA PARK SAN DIEGO, CA 92110	95-2544535	501(C)(3)	7,500				TORERO RENAISSANCE SCHOLARS PROGRAM

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UTAH COUNTY CHILDREN'S JUSTICE CENTER 315 SOUTH 100 EAST PROVO, UT 84606	87-0491594	501(C)(3)	6,000				UTAH COUNTY CHILDREN'S JUSTICE CENTER CHILD ABUSE TREATMENT
UTAH FOSTER CARE FOUNDATION 5296 SOUTH COMMERCE DRIVE STE 400 MURRAY, UT 84107	87-0619181	501(C)(3)	7,500				RETENTION SERVICES PROGRAM

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VALLEY TEEN RANCH 2610 W SHAW LANE SUITE 105 FRESNO, CA 93711	94-2901078	501(C)(3)	10,000				VALLEY TEEN RANCH
VENTURA COUNTY RESCUE MISSION - THE LIGHTHOUSE FOR WOMEN & CHILDREN 315 NORTH A STREET OXNARD, CA 93030	23-7278002	501(C)(3)	7,500				LIGHTHOUSE FOR WOMEN & CHILDREN

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VIP COMMUNITY MENTAL HEALTH CENTER - VIOLENCE INTERVENTION 1721 GRIFFIN AVENUE LOS ANGELES, CA 90031	30-0017808	501(C)(3)	20,000				MENTORING/TUTORING PROGRAMS FOR FOSTER YOUTH & VICTIMS OF ABUSE & NEGLECT
VOICES FOR CHILDREN - CASA OF SAN DIEGO COUNTY 2851 MEADOW LARK DRIVE SAN DIEGO, CA 92123	95-3786047	501(C)(3)	20,000				TECH UPGRADE FOR COMPREHENSIVE ADVOCACY SERVICES

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VOICES FOR CHILDREN - RIVERSIDE COUNTY 5555 ARLINGTON AVENUE RIVERSIDE, CA 92504	95-3786047	501(C)(3)	10,000				COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM
WASHOE LEGAL SERVICES 299 SOUTH ARLINGTON AVENUE RENO, NV 89501	88-6005362	501(C)(3)	7,500				CHILD ADVOCACY SERVICES

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WASHOE LEGAL SERVICES 299 SOUTH ARLINGTON AVENUE RENO, NV 89501	88-6005362	501(C)(3)	30,000				EQUAL JUSTICE AHEAD RENOVATION CAMPAIGN
WOMEN'S AND CHILDREN'S CRISIS SHELTER 13203 HADLEY STREET SUITE 103 WHITTIER, CA 90601	95-3315186	501(C)(3)	6,000				WOMENS AND CHILDRENS CRISIS SHELTER

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WOMEN'S CENTER OF SAN JOAQUIN - WOMEN'S CENTER YOUTH & FAMILY SERVICES 620 NORTH SAN JOAQUIN STREET STOCKTON, CA 95202	94-2341360	501(C)(3)	10,000				WCYFS-CHILDHOOD TRAUMA TRAINING
WOMEN'S CENTER OF TARRANT COUNTY 1723 HEMPHILL STREET FORT WORTH, TX 76110	75-1501868	501(C)(3)	12,500				COUNSELING FOR CHILD VICTIMS OF SEXUAL AND OTHER VIOLENCE

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WOMEN SHELTER OF LONG BEACH 4201 LONG BEACH BOULEVARD STE 102 LONG BEACH, CA 90807	95-1644058	501(C)(3)	7,500				GENERAL OPERATING SUPPORT/CHILDREN & YOUTH SERVICES
YAVAPAI FAMILY ADVOCACY CENTER - PREVENT CHILD ABUSE ARIZONA 3298 BOB DRIVE PRESCOTT VALLEY, AZ 86312	86-0832901	501(C)(3)	7,500				YAVAPAI FAMILY ADVOCACY CENTER

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YOUTH & FAMILY PROGRAMS - BUTTE COUNTY 2577 CALIFORNIA PARK DRIVE CHICO, CA 95928	68-0027507	501(C)(3)	10,000				NORTHERN CALIFORNIA YOUTH AND FAMILY PROGRAMS
YOUTH FUTURES 2760 S ADAMS AVENUE OGDEN, UT 84403	45-3245622	501(C)(3)	7,500				HOMELESS YOUTH SHELTER AND ONGOING SUPPORTIVE SERVICES

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YOUTH SERVICES NETWORK - FKA HUMAN SERVICES NETWORK 15501 SAN FERNANDO MISSION BOULEVARD 301 MISSION HILLS, CA 91345	95-4030624	501(C)(3)	7,500				YOUTH DEVELOPMENT PROGRAM FOR FOSTER BOYS

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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.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	LYNSI SNYDER-ELLINGSON, ROGER KOTCH, ARNOLD WENSINGER, JONATHON COHEN, AND LYNDA SNYDER HA VE A BUSINESS RELATIONSHIP LYNSI SNYDER-ELLINGSON AND LYNDA SNYDER HAVE A FAMILY RELATION SHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DESIGNATED REPRESENTATIVE OF THE BOARD OF DIRECTORS REVIEWED THE FORM 990 AND THE ORGANI ZATION'S CHIEF FINANCIAL OFFICER ALSO REVIEWED THE SAME DOCUMENT A COPY OF THE RETURN WAS ALSO PROVIDED TO THE VOTING MEMBERS BEFORE FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS, THE GENERAL COUNSEL REVIEWED THE CONFLICT OF INTEREST POLICY WITH EACH DIRECTOR, OFFICER, AND STAFF MEMBER OF THE ORGANIZATION ONCE COMPLIANCE IS CONFIRMED, TH E FORM WAS EXECUTED BY EACH PERSON AND THE DOCUMENTS WERE STORED ACCORDING TO DOCUMENT RET ENTION POLICIES THE FOUNDATION'S COMPLIANCE OFFICER, ARNOLD M WENSINGER (OR CURRENT GENE RAL COUNSEL OF THE FOUNDATION), IS RESPONSIBLE FOR INVESTIGATING AND RESOLVING ALL REPORTE D COMPLAINTS AND ALLEGATIONS CONCERNING ETHICAL VIOLATIONS AND, AT HIS DISCRETION, SHALL A DVISE THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	FORM 990, PART VI, SECTION B, LINES 15A AND 15B NO SUCH REVIEW IS REQUIRED BECAUSE NO OFFICERS ARE COMPENSATED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST, THE FOUNDATION WILL PROVIDE COPIES OF THE DOCUMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE R, PART VI, LINE 2A	AMOUNTS WERE DETERMINED BASED ON THE ORGANIZATION'S BOOKS AND RECORDS THAT ARE PREPARED UNDER GAAP AND AUDITED BY THE INDEPENDENT AUDITOR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
IN-N-OUT BURGERS FOUNDATION

Employer identification number
33-0654550

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)ARMY OF LOVE 449 W FOOTHILL BOULEVARD SUITE 525 GLENDORA, CA 91741 90-0932694	RELIGIOUS ACTIVITIES	CA	501(C)(3)	PF	N/A		No
(2)SLAVE 2 NOTHING FOUNDATION 4199 CAMPUS DRIVE 9TH FLOOR IRVINE, CA 92612 47-4712082	CHARITABLE, EDUCATIONAL, AND LITERACY ACTIVITIES	CA	501(C)(3)	LINE 7	N/A		No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation